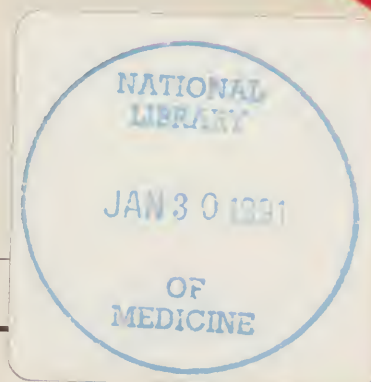


Illinois Medicine

January 18, 1991

ILLINOIS STATE MEDICAL SOCIETY



ISMS
residency program
directors seminar.... 8



Joan E. Cummings, M.D. (right), was appointed director of the Edward Hines Jr. Veterans Hospital Dec. 2 by U.S. Secretary of Veterans Affairs Edward Derwinski (left). Dr. Cummings is the first female physician to head a VA hospital. Dr. Cummings serves as an ISMS trustee and Speaker of the ISMS House of Delegates.

AMA issues guidelines on accepting gifts from industry

by Tamara Strom

PHYSICIANS CAN KEEP the pens and notepads. They can even eat an industry-paid dinner at a continuing education conference – but only if they also receive some knowledge that helps them treat patients, states an American Medical Association (AMA) ethical opinion issued the first week of December.

Released during the AMA's interim meeting in Orlando, Fla., the opinion came in response to questions about the impropriety of physicians accepting gifts from pharmaceutical, device and equipment companies. Because no clear rules about accepting gifts existed, both the medical profession and industry have been "supportive of change," the AMA opinion states. U.S. Senate hearings on pharmaceutical advertising, marketing and promotional practices were held in early December by the Labor and Human Resources Committee in Washington, D.C., chaired by Sen. Edward Kennedy (D-Mass.). During the

hearings, the Pharmaceutical Manufacturers Association adopted the AMA's guidelines on industry gifts. (See related story, Page 9.)

"We've set forth some clear-cut points on what is ethical and what is not," said Oscar W. Clarke, M.D., vice chairman of the AMA Council on Ethical and Judicial Affairs. "[The gift] has to have a patient-benefit focus. It cannot be just accepting cash." Some industry-sponsored activities physicians participated in were "just not in good professional judgment," he said.

Dr. Clarke cited the classic example of the all-expenses-paid conference at a warm-weather resort with "only a few hours of lectures and many hours of recreation." These types of retreats have little educational value and therefore should be avoided, he said. "[Accepting] gifts of no significance, that's OK," he said, referring to textbooks, modest meals, and pens and notepads promoting drugs or products.

(continued on page 14)

Area hospitals fight Copley's move to DuPage County

by Tamara Strom

TWO DUPAGE County hospitals, embroiled in a fight to protect their market shares, are attempting to block the proposed move of another hospital into the county.

Copley Memorial Hospital of Aurora sparked the controversy when it applied for a certificate of need (CON) from the Illinois Health Facilities Planning Board (IHFPB) to move from near downtown to the rapidly growing Fox Valley Villages area on the city's east side.

Edward Hospital in Naperville and Central DuPage Hospital in Winfield, two of the county's six acute-care hospitals that claim to serve county residents adequately now, are leading the effort to stave off Copley's move to a 45-acre campus off Route 34, adjacent to the Fox Valley Shopping Center.

The move is unusual, observers say, because the hospital plans to stay within Aurora city limits, but will cross county planning lines from Kane County into DuPage. A non-binding planning board staff report analyzing the CON application released early this month recommends that the move be rejected. But the decision rests solely with the planning board members, who are expected to rule Feb. 28 on Copley's proposed move and the closing of its current facility.

Copley officials say the hospital's current facility must be closed because the aging building cannot keep pace with the demands of mod-

ern medicine, particularly new infection control requirements. Opponents do not dispute Copley's need to upgrade its current facilities, but contend the hospital should stay out of DuPage County.

According to city planners, Aurora is projected to become Illinois' second largest city within the next decade, with more than one-third of the city's population living on the east side, around the DuPage County border. The crux of the controversy lies with Edward and Central DuPage wanting to absorb the area's growing number of paying patients and Copley's desire to enter the more upscale marketplace.

Edward and Central DuPage officials say the area already has surplus beds and that Copley would be abandoning its current patients if it moves east. They say Copley is invading their turf.

"We consider this a direct attack on our market that would threaten the very viability of Edward Hospital," said Pamela K. Meyer, president and chief executive officer at Edward, at a Dec. 20 all-day public hearing before planning board staffers in the Aurora City Council chambers. She added that Copley's move would duplicate health care services in the western DuPage area,

(continued on page 10)



Copley Memorial Hospital's aging building cannot keep pace with the demands of new technology, officials say.

In this issue

News briefs 2

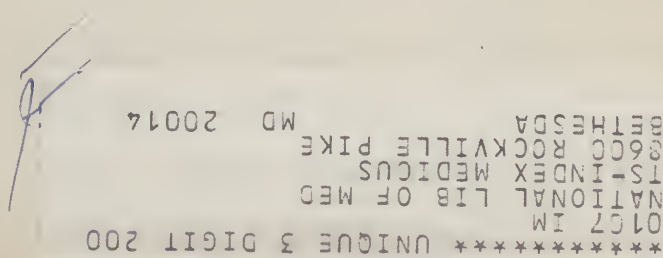
Chicago medical waste ordinance takes effect 2

M.D. reservists discuss duty, concerns 3

Members in the news 5

Case in point examines communications errors 6

PMA adopts pharmaceutical guidelines 9



News Briefs

ISMS exec heads up Edgar personnel team

Alexander R. Lerner, executive vice president of the Illinois State Medical Society, was named chairman of the Edgar Transition Personnel Committee by Gov.-elect Jim Edgar. The committee is charged with recruiting, screening, interviewing and recommending to the new governor personnel choices to head state agencies, boards and commissions. Other committee members include William Cellini, executive vice president, Illinois Asphalt Pavement Association; Larry Howe, executive director, The Civic Committee; Robert Kasenter, senior vice president, Montgomery Ward; Bob Kjellander, Springfield Consulting Group; Robert Kustra, Lt. Gov.-elect; Eddie Read, Alexander and Ross; and Charles Tribett of Russell Reynolds. Lerner was one of the original members of the Edgar transition team announced in November. He has served as chief executive officer of the society since 1981.

LifeSource sending blood to Persian Gulf

LifeSource, a Chicago-area blood bank, has joined a nationwide effort to supplement the military blood supply for Operation Desert Shield. LifeSource, which supplies blood to 57 area hospitals, has been shipping 25 units of blood per week to a laboratory at McGuire Air Force Base in New Jersey since mid-December, according to Linda Dillman, marketing services manager.

The shipments, the first such effort since World War II, are part of a contract between the U.S. Department of Defense and the nation's two largest blood suppliers – the American Red Cross and the American Association of Blood Banks – to provide the military with 375 units of blood each week, said a Defense Department spokesman. The initial shipments are a test of the blood delivery system; if war breaks out, blood banks will be asked to supply 800 units weekly.

The military call comes as blood banks mark the annual January

observance of National Volunteer Blood Donor Month, an effort to encourage people to donate blood. The blood supply typically runs low in January, Dillman said, because fewer people donate around the holidays and more donors are ineligible because of colds or flu.

Medicaid now covers mammograms

Women covered by Medicaid can now receive mammograms paid for by the Illinois Department of Public Aid (IDPA) in accordance with American Cancer Society guidelines. Effective Jan. 1, IDPA began reimbursing for baseline mammograms for women over 35, biannual mammograms for women 40 to 49 and annual tests for women over 50. The new policy also covers mammograms for women under 35 who are referred for a test by their physician for diagnostic reasons.

"Providing mammograms for women who have low incomes is not only a necessary humanitarian step, but may also be cost-effective in the long term," said IDPA Director Kathleen Kustra.

Nearly 200,000 women over 35 are covered by Medicaid and are eligible for mammogram reimbursements, Kustra said.

Prescription pad scam

A printing company is deceiving physicians by attempting to pass off its "two- and three-part" prescription blanks as legal prescribing forms, according to the Illinois Department of Alcoholism and Substance Abuse (DASA).

DASA warns physicians that the forms, marketed by Colwell Systems Inc., do not meet the legal requirements set by the Illinois Controlled Substances Act. Triplicate prescribing blanks for Schedule II controlled substances are issued by DASA only.

For more information, contact DASA in Chicago at (312) 814-6394 or in Springfield at (217) 782-0685. ▲

— Compiled by Tamara Strom and Sean McMahan

Chicago ordinance seeks tighter controls on physician-generated medical waste

by Sean McMahan

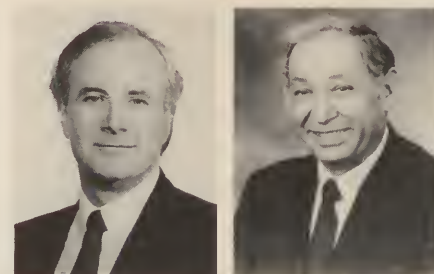
PHYSICIANS IN Chicago must package and dispose of infectious medical waste separate from conventional garbage under an ordinance effective Jan. 1. The ordinance has been favorably received by city officials, the local medical society and waste haulers, but some officials have raised concerns about the cost of complying with the guidelines.

The ordinance, drafted by Aldermen Patrick J. O'Connor (40th) and Bernard Stone (50th), was approved by the Chicago City Council in September 1990. Physicians, dentists, veterinarians, laboratories, clinics and funeral homes all fall under the ordinance. The new law does not pertain to hospitals, which account for about 60 percent of the medical waste produced in Illinois. Hospitals are regulated by the Illinois Pollution Control Board and the Illinois Environmental Protection Agency.

Infectious waste, as defined by the ordinance, includes any waste generated during patient care and, specifically, blood, some body fluids, sharps, cultures and stocks, and pathological waste that might contain an infectious agent. Infectious medical waste must be treated and stored in red disposable plastic bags labeled with the international biohazard symbol available from waste haulers and medical supply companies. Sharps are to be placed in puncture-resistant containers, bagged, and packaged with other infectious waste, which must be stored in locked, properly labeled containers. Medical waste that has been rendered non-infectious using autoclaving, ethylene dioxide, incineration or other treatment must be stored like untreated wastes. While licensed haulers of medical waste can transport and dispose of the infectious materials, a physician or nurse may transport up to 6 pounds of medical waste to an approved facility. Transport, however, must be completed within 12 hours from the time the waste was generated.

In addition, doctors must keep on file a medical infectious waste management plan describing how on-site waste is packaged and disposed. Physicians can obtain from the health department a model waste management plan developed by the Chicago Medical Society (CMS). Haulers are also required to keep a management plan and disposal records.

Violations carry a fine of up to \$1,000 for the first offense, up to \$2,000 for the second offense and up to \$5,000 for subsequent offenses. The Chicago Department of Health (CDOH) is responsible for enforcing the ordinance.



Chicago Aldermen Patrick J. O'Connor (left) and Bernard Stone (right) wrote Chicago's medical waste ordinance.

Handling and disposal costs will be affected by the ordinance, said Richard Biek, M.D., CDOH medical director, who added, "This could be exorbitant depending on how much waste is considered to be infectious."

Arvind K. Goyal, M.D., CMS president, said compliance will add to health care costs. "The City Council and the public should be concerned whenever money is involved," he said. Clinics, group practices and some specialists, including surgeons, OB/GYNs and infectious disease specialists, will face especially high costs for compliance, he added. Dr. Goyal estimated that, based on his own experience, a solo family practice will spend \$100 to \$300 a year for infectious waste disposal.

A typical physician generates a 2-by-2.5 cubic-foot box of medical waste per month, said Geri Powell, a spokesman for Waste Management, Oak Brook, a waste disposal firm. Depending on location and the frequency of waste pickups, disposal costs about \$30 to \$50 a month.

"This ordinance brings Chicago in step with regulatory changes occurring in other parts of the country," Powell said. "To protect health care workers and sanitation workers there is a definite need for stricter packaging standards to ensure medical waste remains safely contained."

Few enforcement problems seen

CDOH anticipates few problems enforcing the ordinance. "Most physicians handle their waste responsibly already," said Roger Cieslik, CDOH health code supervisor, adding that the department has not hired any additional personnel to help with enforcement. In 1989, the department investigated 29 complaints of inappropriate medical waste disposal and cited seven health code violations.

CDOH will take a "responsive stance, rather than an aggressive stance," in enforcing the new ordinance, Cieslik said. It will take two to three months for the department to get an overall picture of the medical waste situation, he added, and the department will look to licensed haulers for information about

(continued on page 13)

Physician Facts

Average Illinois hospital inpatient prices

Service	1988 costs	1989 costs	Increase	Percent increase
Urinalysis	\$ 15.29	\$ 17.00	\$ 1.71	11.2%
Semiprivate rm.	271.12	300.26	29.14	10.7
Chest x-ray	54.55	60.17	5.62	10.3
Private rm.	285.02	312.77	27.75	9.7
CBC	25.09	27.39	2.30	9.2
EKG	49.39	53.85	4.46	9.0
Delivery	339.51	370.14	30.63	9.0
ICU*	577.20	626.22	49.02	8.5
Upper GI	134.04	145.39	11.35	8.5
ER*	50.30	54.37	4.07	8.1
OR*	290.95	313.91	22.96	7.9
Ward	300.95	322.42	21.47	7.1
Blood sugar	17.03	17.99	.96	5.6

*Prices may vary according to time and level of service provided. Prices are determined by individual hospitals and may or may not reflect professional services, flat rates or specified intervals of time. Source of data: Illinois Health Care Cost Containment Council, December 1990.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

by Sean McMahan

(continued on page 13)



Moline orthopedic surgeon John A. Baker, M.D., has been stationed at the U.S. Naval Hospital in Portsmouth, Va., since August.

Dubuque • Finley Hospital

Illinois Medicine/January 18, 1991

Editorials

Unfinished business

As we steam ahead into the last decade of the century, this, the first issue of *Illinois Medicine* in 1991, happens to include stories about topics that will need the input of the profession as we move toward the millennium.

The disposal of infectious medical waste is the subject of a new Chicago ordinance, effective Jan. 1. The paperwork and handling problems this entails will be a fact of life and business expense for Chicago physicians. Left unanswered is when all physicians will be subject to a definitive set of federal regulations and how harsh (and how expensive) they will be.

We will also see increasing competition among hospitals for patients – especially privately insured patients. This scenario is currently being played out in DuPage County over the proposed move of Copley Memorial Hospital. It illustrates how much and how quickly things have changed. As one Copley official pointed out, no one had a problem with this move 10 years ago when it was first planned. It has only been in the last few years, when the economic pressures on health care providers have increased so dramatically, that hospitals are now increasingly oriented to market share and the bottom line – phrases that were not formerly part of the lexicon of hospital management.

And finally, the issue of ethics in medicine, ranging from the acceptance or referral of AIDS patients to the participation of physicians in the termination of life, whether it is “right to die,” assisted suicide or capital punishment, will dominate the news.

Physicians in Illinois also face some substantial unfinished business in this arena. The failure to pass a humane and caring “death with dignity” bill during last year’s General Assembly session can be traced directly to the unwillingness of the plaintiffs’ bar to cede potential income. Shame on the lawyers who would force families like the Cruzans of Missouri, or Rudy Linares of Chicago, through this agony. The time has come for everyone concerned to put their special interests and their wallets aside and move forward with this.

Also on our plate are the results of the intensive efforts of the Chicago and Cook County Health Care Summit. Too many people worked too long and too hard on this effort to allow the final report to lie on the shelf for the next five years. The summit examined, analyzed and proposed solutions for the pressing problems of health care delivery in Cook County. Of equally compelling concern is the chronic statewide fiscal crisis caused by inadequate Medicaid reimbursement and the continuing problem of access to quality obstetrical care in rural Illinois. Resolving these problems demands meaningful cooperation between health care providers and government officials on all levels. It is time to find the political will to do it.

Unfinished business includes internal affairs, too. Last year’s ISMS House of Delegates in effect gave the American Medical Association a year to prove its responsiveness, fiduciary responsibility and intent to make good on its promises of a “new” AMA. This year’s delegates will make the final determination – and issue the AMA’s final report card.

All business becomes unfinished business unless leaders emerge to take charge, to assume responsibility for progress and closure. The recent elections have given Illinois a new cast of government leaders to help develop lasting solutions. The medical profession must also rise to the challenge. Together, let’s try to make the next 12 months a period of real progress. ▲

Illinois Medicine

VOLUME 3, NUMBER 1

JANUARY 18, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

James H. Andersen, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



"I don't give advice anymore ... Last year I got sued for malpractice."

President's Column

Resolved

It is traditional to start the new year with resolve, with a stated purpose to improve, somehow, our lives. A revision of personal habits usually leads the list: People resolve to lose weight, to stop smoking, to begin exercising. While the Illinois State Medical Society's official year runs from April through March, now is the traditional time for resolutions, so I offer these suggestions for our professional resolve.

I resolve to be more politically active and aware.

Nowhere in organized medicine is the impact of political activity greater than at the state level. Medicine is regulated at the state level – our license, our ability to prescribe, our disciplinary efforts – and our progress with malpractice tort reform will take place in the state legislature. 1991 marks the beginning of a new era in Illinois politics. We have a new governor, for the first time in 14 years, and a state legislature that will consider, among other things, a universal health plan for citizens of the state of Illinois. Don't wait for a crisis. Get aware. Now.

I resolve to be more actively involved in my local medical society.

Yes, there isn't enough time for everything in our busy lives. And yes, sometimes we'd rather take the night off, put our feet up and watch the Bulls. And yes, our families and the time we spend with them are important. But our attendance at our local medical society meetings and our contributions of ideas, opinions, support or volunteer service is what makes organized medicine as strong as it is. Now, more than ever, we need you to get involved.

I resolve to recruit at least two new members.

The best and most effective recruitment comes on a one-to-one basis. The benefits of membership in organized medicine are, mainly, institutional, but the need to belong and the impetus to join are inherently personal. If each of us looked around our hospitals, our communities and our schools and invited a non-member to attend a local meeting, hear a lecture or ask questions, I predict we'd see record-breaking growth in membership numbers.

I resolve to attend the ISMS annual meeting in April and the AMA meeting in June.



James H. Andersen, M.D.

You don't have to be a delegate or an alternate to attend these meetings. But just by attending you will signal your interest, your willingness to dedicate time and effort to organized medicine. You will get an eye-opening education and you will hear debate on the issues that critically impact health in Illinois and across the nation. You will have an opportunity to provide input in reference committee testimony, to share your thoughts and ideas, and to meet your peers from across the state in social settings. And at this year's AMA meeting, we'll witness the inauguration of Illinoisan John J. "Jack" Ring, M.D., as president. I hope to see you there.

I resolve to develop at least one idea to solve one of the problems facing medicine and health care in Illinois.

Because this is how progress happens: one step at a time, one thought at a time. Your practice, your career, help you focus on some areas of medicine and health in Illinois: What are the problems in that area? And what should we, the physicians of Illinois, be doing to alleviate that situation? Whether it's residents' work hours, OB access, care for the working poor and uninsured, or implementing the recommendations of the Chicago and Cook County Health Care Summit – think about one problem, and come up with one possible solution. Pass it along to your trustee or the ISMS council or committee with responsibility in that area. The only way to begin the path of progress is with a single step, a single idea. One idea a year – that's all I ask you to resolve to do.

Beyond your resolutions, I hope that 1991 is a year of health and happiness for you and your family. I look forward to sharing that time with you. ▲

James H. Andersen, M.D.

James H. Andersen, M.D.
President

Illinois Medicine/January 18, 1991

Members in the News

Warren H. Staley, M.D., of Chicago, and Robert J. Schafer, M.D., of Petersburg, have been appointed chief medical coordinator and deputy medical coordinator, respectively, of the Illinois Department of Professional Regulation.

Dr. Staley, an Illinois State Medical Society (ISMS) trustee from the Third District, has served on the state Medical Disciplinary and Medical Licensing boards. He served most recently with the Chicago Department of Health, and has been a practicing OB/GYN for more than 30 years.

Dr. Schafer, a family physician, has served as chairman of medical records for Memorial Medical Cen-



Robert Schafer, M.D.



Warren Staley, M.D.

ter in Springfield.

Seymour Goldberg, M.D., of Bloomington, was reappointed by former Gov. James R. Thompson to the Clinical Laboratory and Blood Bank Advisory Board. His term ends July 1, 1993. Also reappointed were Virendra S. Bisla, M.D., of Chicago, to the Ambulatory Surgical Treat-

ment Center Licensing Board; Noel Bass, M.D., of Joliet, to the Medical Determinations Board; Franklin Alcorn, M.D., of Wheaton, to the Radiation Protection Advisory Council; Joel A. Kaplan, M.D., of Highland Park, to the Technical Review Board; and Lawrence Gartner, M.D., of Chicago, to the Experimental Organ Transplantation Procedures Advisory Board.

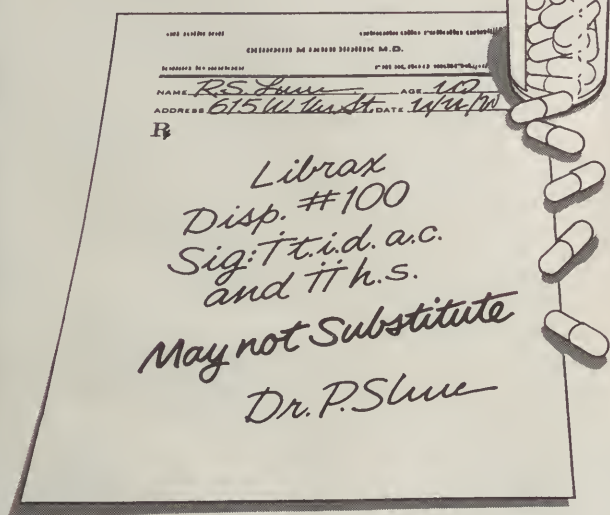
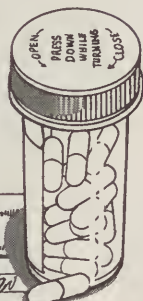
Sherwyn E. Warren, M.D., of Winnetka, received the American Cancer Society's 1989-90 National/Divisional Award for Distinguished Service. Dr. Warren received the society's highest honor for his contributions to the fight against cancer. Dr. Warren is founding chairman of the Cancer Response System Committee, which provides cancer control information and outreach to the

public. He is also known for his advocacy work in promoting the rehabilitation and quality of survival of people with lung cancer. Dr. Warren has been a member of the American Cancer Society since 1965 and is a former Illinois division president.

Robert C. Hamilton, M.D., of Chicago, was inducted into the University of Illinois at Chicago (UIC) Athletic Hall of Fame as team physician. He joined the UIC athletic program in 1962 and served until 1974. Dr. Hamilton has also served as team physician for DePaul University since 1964. A former ISMS president, he is chairman of the board of directors of the Illinois State Medical Insurance Services, and was appointed by former Gov. Thompson to the Illinois International Port District. ▲

Specify Adjunctive

LIBRAX®



Each capsule contains 5 mg chlorthalidone HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows: "Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlorthalidone HCl and/or clidinium Br. Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary.

Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug. Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlorthalidone HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlorthalidone HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlorthalidone; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

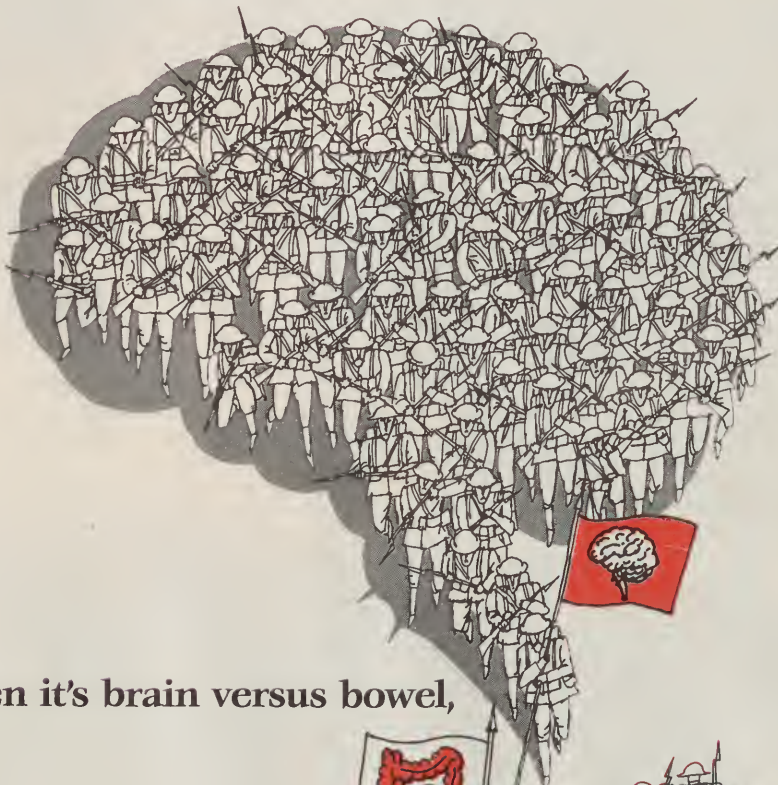
P.I. 0298



Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.



In IBS,* when it's brain versus bowel,



IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlorthalidone HCl and 2.5 mg clidinium bromide.

To insist on the brand, be sure to check the "May not Substitute" box on your prescription.

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

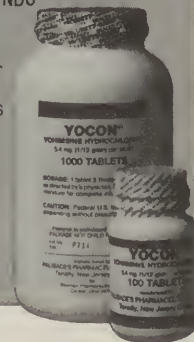
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**

219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Case #1

Presenting complaint and initial diagnosis – A 22-year-old man was brought to a small hospital with a head injury following a car crash. The on-call physician diagnosed an epidural bleed and advised transfer to a larger nearby hospital with a neurosurgeon on staff. The on-call physician telephoned the neurosurgeon at home to tell him the patient was en route and to apprise him of the patient's condition.

The case in brief – The neurosurgeon called the second hospital and gave the nursing supervisor orders for blood tests and x-rays, but he did not speak with the receiving hospi-

tal's ER physician to clarify what was expected of both parties. Forty minutes after the patient's arrival, the nursing supervisor telephoned the neurosurgeon to report that the patient's condition had deteriorated. The neurosurgeon told the nurse to alert the operating room crew. Although he knew it would take him 30 minutes to reach the hospital, he still did not speak to the ER physician. When he arrived and saw that the patient was unresponsive, he drained some fluid with a twist burr hole. When CT results confirmed the presence of a large left epidural hematoma, the neurosurgeon performed a craniotomy and evacuation. The patient, however, suffered permanent brain damage.

The resulting claim – The parents of the man sued the neurosurgeon, alleging delay in diagnosing and treating their son, delay in coming to the hospital and failure to assure that another physician was overseeing care until he arrived.

The outcome of the claim – A jury awarded the plaintiff \$4 million.

Case #2

Presenting complaint and initial diagnosis – In January a 50-year-old housewife consulted her family physician complaining of hot flashes and headaches. Physical examination findings, including a breast examination, were normal. The physician prescribed estrogen tablets. At an office visit the following November, the patient called the doctor's attention to a breast lump. The physician told her not to worry, and said it was muscle strain from smoking-induced coughing. Two months later she returned, complaining that the lump was still present and that she was experiencing chest pain. The physician felt the lump in the left breast costochondral junction and referred her to a radiologist for a mammogram.

The case in brief – The treating physician gave the woman a referral slip to take to the radiologist indicating she was experiencing pain in the left costosternal region. The radiologist, however, did not examine her. A technician performed the mammogram, but was unaware of the lump and did not x-ray the area in which it was located. Consequently, the mammogram report sent to the referring physician was normal. Six months later, the woman sought care from another physician who diagnosed advanced breast cancer with metastasis. A radical mastectomy was necessary.

The resulting claim – The patient sued both the family physician and the radiologist for failure to diagnose and treat her breast cancer and delay resulting in loss of chance to survive.

The outcome of the claim – The radiologist and referring physician each testified that they did not attempt to discover the cause of the plaintiff's pain because they contended it was the other's responsibility. Neither had spoken to the other

and they communicated only by written report. A jury awarded the plaintiff \$1.9 million.

Case #3

Presenting complaint and initial diagnosis – A 72-year-old retired accountant was seeing two specialists at a clinic for his diabetes and other medical problems. On recommendation of one, the other physician prescribed carbamazepine for the man's circulatory problems.

The case in brief – Five months later, the patient was admitted to a hospital with angina and anemia. Vascular occlusion developed in his right leg that required surgery. Infection resulted and the wound did not heal.

The resulting claim – The patient filed a claim against both physicians alleging that carbamazepine was a drug with known toxic effects that precipitated his angina and anemia and resulted in vascular occlusion and leg surgery. He charged that neither physician had tested him for the drug's toxic effects.

The outcome of the claim – Although the defendants contended that the drug only caused anemia, that the vascular occlusion resulted from the diabetes and circulatory problems and that there was no deviation from the standard of care, they admitted that neither had tested the patient for drug toxicity. A jury awarded the patient \$15,000.

The points these cases make – Claims analysts suggest that communications failures are a contributing factor in as many as half of the claims filed. Communications failures are systems failures that can lead to patient injury. Illinois State Medical Inter-Insurance Exchange advisers suggest that:

- When referring a patient, if you do not call the physician directly, clearly indicate the specific reason for the referral on the referral slip you give to the patient.
- If time permits, write a letter to the consultant explaining the reason for the referral.
- Flag the patient's record for follow-up with the consultant. If test results have not been received by a certain date, find out why.
- When the consultant's report arrives, make sure that you read it before it goes into the patient's chart. Are there further actions you should take? Do you have specific questions for the consultant about the results?

• When more than one physician is involved in patient care, particularly in an emergency, make sure there is direct contact among the doctors involved so that all understand their roles and responsibilities.

Physicians often communicate by report only. This may be acceptable if each one reads and appropriately acts on the information in the report. The chances for misunderstanding and error are reduced, however, when physicians communicate directly. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

A BRIGHT IDEA...



180^{mg}
Calan[®] SR
Verapamil HCl (180 mg)
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

SEARLE

G.D. Searle & Co.
Box 5110, Chicago, IL 60680

©1990 G.D. Searle & Co.

A90CA4536T



Wm. Daniels/The Photo Partners

Bruce Becker, M.D. (left), organized the Dec. 7 ISMS residency program directors seminar. John M. Holland, M.D. (right), MLB chairman, said the proposed changes to the licensing period were sent to the Illinois Department of Professional Regulation.

Medical Licensing Board recommends extending residents' licensing period

by Janice Rosenberg

THE MEDICAL Licensing Board (MLB) Dec. 12 recommended that the standard three-year licensing period for medical residents be extended up to 14 days without filing an extension application. According to board chairman John M. Holland, M.D., the board sent a proposal to Kevin K. Wright, director of the Illinois Department of Professional Regulation (IDPR), recommending that the licensing period be extended "appropriately."

Although the board had the issue under consideration for several months, its recommendation came on the heels of the Illinois State Medical Society's (ISMS) third annual residency program directors seminar, "Interviewing, Licensing and Coping with 1991 Residents." About 125 residency program directors and administrators attended the Dec. 7 seminar, developed by the society's Council on Education and Manpower under program Chairman Bruce Becker, M.D. Participants had an opportunity to com-

ISMS Board of Trustees adopts 13 points

The Illinois State Medical Society (ISMS) Board of Trustees Nov. 17 adopted 13 recommendations developed by the ISMS Council on Education and Manpower to improve residency licensing procedures.

Since the 13 recommendations were discussed with the Illinois Department of Professional Regulation (IDPR), the following actions have occurred:

- License application forms have been revised by IDPR.
- ISMS is supporting IDPR's efforts to develop and implement an internal tracking system for residency applications and documents.
- An information packet for program directors was distributed at the Dec. 7 ISMS residency program directors seminar.
- ISMS is working with IDPR to target institutions for IDPR staff assistance during the 1991 licensing application period.
- ISMS will meet with IDPR and the American Medical Association (AMA) to determine whether the AMA Credentialing Bank can help expedite the licensing process.
- Temporary license applicants, and their institutions, will be notified of the issuance of their licenses.
- During May, June and July, the Medical Licensing Board (MLB) will schedule meetings twice a month to expedite applicant interviews. Normally, the MLB meets monthly.
- The Council on Education and Manpower will monitor the 1991 licensing process to determine the effects of changes made by IDPR.

The results of the following recommendations will be reviewed after the 1991 licensing period:

- IDPR should inform license applicants of a deficiency within a shorter time.
- The IDPR hot line should be expanded to give assistance in completing applications.
- Issuance of licenses should be expedited for applicants who are approved after an interview with the MLB.

A final recommendation seeking clarification of Section 1285.95 of the Rules of the Medical Practice Act regarding clinical skills has not yet been reviewed by the MLB. ▲

Where there's smoke...there may be bronchitis



"Recent research has delineated early, more subtle changes in lung and immune functions. These alterations directly predispose smokers to respiratory tract infection."

Am Fam Phys 1987;36:133-140

Brief Summary.

Consult the package literature for prescribing information. Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β -hemolytic streptococci).

Contraindication: Known allergy to cephalosporins. Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients. Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions.

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, serum-sickness-like reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy, occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
- Stevens-Johnson syndrome, toxic epidermal necrolysis,

and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.

- Gastrointestinal (mostly diarrhea): 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertension, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.
- Abnormalities in laboratory results of uncertain etiology:
 - Slight elevations in hepatic enzymes.
 - Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
 - Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
 - Abnormal urinalysis, elevations in BUN or serum creatinine.
 - Positive direct Coombs' test.
 - False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinistix® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.



Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company
Indianapolis, Indiana 46285

CR-0525-B-049333 © 1990, ELI LILLY AND COMPANY

municate their needs to IDPR personnel and members of the MLB, and to hear licensing application procedures for 1991.

While the seminar addressed many aspects of the licensing process, the dilemma created for program directors by the rigid three-year period for temporary licenses became a focal point of the panel discussions.

In Illinois, residents must have temporary medical licenses, good for exactly three years from their issue date, to begin their training programs. Extensions are allowed only for full-time military service, illness, remedial work or the approved continuance of a program.

Residents begin their programs with the assumption that they will be finished within the three-year licensing period, but many find that they need an additional 10 to 14 days. Because many programs with announced start-up dates of July 1 begin orientation sessions in June, new residents overlap with experienced residents. Having "come on board" in June, residents obtain licenses dated then. Three years later their licenses terminate in June, while their programs continue until July 1.

If approved by IDPR director Wright, the board's Dec. 12 recommendation would alleviate this problem. Although the director has not yet responded, IDPR general counsel Robert K. Reardon said that because the rules for the administration of the Medical Practice Act of 1987 permit extensions, "The department would have no problem allowing a 10- to 14-day extension for ease of transition for the residents and the programs they're entering."

Streamline licensing process

Seminar participants also focused on the need to streamline the licensing process. Considering that it takes at least 45 days to process a license application, and that not all applications are clear-cut, program directors find it difficult to complete the process between the late-March resident match announcements and their program start-up dates. Karen Dunlap, IDPR assistant deputy director of licensing and testing, reviewed the medical resident licensing process, noting that to eliminate confusion, application instructions for temporary licenses have been revised and the requirements clarified.

To expedite processing in 1991, IDPR will be using a new telecommunications system and more staff. The department is also considering other changes to enhance the licensing process, such as computer-generated deficiency notices, on-line real time computers, and a special post office box for the receipt of medical documents.

At this year's ISMS seminar, program administrators for the first time attended a breakout session on completing and expediting the 1991 application forms. Concurrently, residency program directors met with Dr. Holland and MLB members Dean R. Bordeaux, M.D.; Arvind K. Goyal, M.D.; and Lawrence L. Hirsch, M.D., to discuss "Determining License Eligibility."

Robert Vanecko, M.D., associate dean of graduate medicine at Northwestern Medical School, commented later, "I think the seminar helped program directors and the IDPR understand each other's problems." ▲

Pharmaceutical manufacturers adopt AMA gift-giving policies

by Tamara Strom

THE PHARMACEUTICAL Manufacturers Association (PMA) Dec. 6 adopted the American Medical Association's (AMA) ethical guidelines for accepting gifts from drug, device and equipment companies.

PMA's adoption of the AMA guidelines is "a significant step by the industry to maintain important communications between manufacturers and physicians in a way that recognizes newly expressed concerns by physician organizations," said PMA President Gerald J. Mossinghoff during testimony Dec. 12 before the

Senate Labor and Human Resources Committee. He added that PMA is trying to reinforce responsible promotional practices between drug companies and physicians.

Developing new drugs is expensive, Mossinghoff said. "This industry spends over \$8 billion a year in new drug research and development," he said. "In order for the industry to continue as the world leader in new drug research and development, its products must find prompt, widespread acceptance among prescribers. Responsible marketing and promotion are essential to such acceptance."

In addition, because of the "technical sophistication" of many new drugs, physicians need help learning about therapies when they become available, he told the Senate committee members. "Prescribers require a high degree of judgment and skill to use these products with optimal effectiveness and safety," he said. "To develop the knowledge necessary, medical practitioners must have prompt, reliable and detailed information regarding products and the diseases they treat. The entity in the best position to provide in-depth information is the company that develops the new drug." ▲

CONTROL ACID RAIN

*with once-a-night
therapy for active
duodenal ulcers*

Zantac 300
ranitidine HCl/Glaxo 300 mg tablets

Glaxo/ROCHE



Glaxo Pharmaceuticals™

DIVISION OF GLAXO INC.
Research Triangle Park, NC 27709

See adjacent page for Brief Summary
of Product Information.

(continued from page 1)

increasing competition and driving up health care costs. The planning board staff report supports Meyer's contention that a new hospital in the county would replicate existing services.

"The only new thing Copley would bring to DuPage County is higher health care costs," Meyer said. "This resulting duplication of services would inevitably raise prices because as the six existing hospitals lose patients to the new Copley, they would consequently lose revenue. To make ends meet, they would all be forced to increase their prices in order to meet fixed overhead."

But while claiming DuPage County already has surplus hospital beds,

Edward Hospital has filed its own CON application for 40 additional beds to accommodate “intermediate care” patients, particularly those in its new cardiac catheterization program. The planning board was expected to rule on Edward’s request for new beds at its Jan. 10 meeting. The board also was to address Copley’s CONs – to close its failing 319-bed hospital near downtown Aurora and to build the controversial \$69.5 million replacement facility – in January, but the negative staff report spurred officials to make 11th-hour changes to its applications, putting off an IHFPB decision until next month.

The changes are not "big deviations" in the original plans, but they should satisfy some negative points in the staff report, according to hos-

pital officials. Despite the alterations, Copley still expects the planning board staff to reject the move. "We are physically moving to a different planning area. We can't change that geographic fact," said Allen Aardsma, Copley vice president for corporate development. "What we're doing is asking the board to use its legislatively authorized discretionary [powers] and approve the move."

Copley officials claim there will be enough patients to go around and that they will not be “stealing” patients from other medical centers. They say their new 158-bed replacement facility – 7 miles east of its current site and only 3 miles from Edward Hospital – will foster healthy competition among the neighboring hospitals. In addition

to attracting new patients in DuPage County, the relocated hospital would continue to serve its Kane and Kendall County patients, they say.

Politicians choose sides

The DuPage County Board agrees with Edward and Central DuPage and voted in December to oppose the move, while the Aurora City Council backed the hospital's relocation plans. And state representatives from the affected districts are also choosing up sides in the dispute.

State Rep. Mary Lou Cowlshaw (41st) said the hospital's move is inspired by the perceived wealth of DuPage County residents. The median income of people living in the 5-mile radius surrounding Copley's present site is \$32,000 a year, Cowlshaw said, while the median family income around the proposed site jumps to \$46,250. "Let's look at it for what it is - inspired by greed," she said. "If I were writing for a newspaper, I'd call it 'The M & M Avoidance Plan' - an attempt to avoid minorities and Medicaid payments."

John Lee, Copley vice president of finance, disputed Cowlishaw's conclusion. "We have a focused bottom-line orientation, but unlike others we think that M & Ms are not a poison pill, but a candy that adds flavor and spice to our corporate life," he said. "We will continue to provide care to our patients in Aurora regardless of their ability to pay."

"The current hospital is existing in an aging 100-year-old structure needing prohibitively expensive rehabilitation to prepare it for 21st century medicine," said state Rep. Suzanne L. Deuchler (42nd). "Clearly, these facts were addressed more than 10 years ago when the Copley governing board planned the new facility in Fox Valley Villages and purchased 35 acres to accomplish that end - now a 45-acre campus. This plan was widely publicized in area media and, I believe, received implied consent when no objections were raised by area hospitals."

“Opponents are trying to undo 10 years of planning with 2 months of rhetoric,” Aardsma said, adding that no opposition was voiced about the proposed move until Copley filed its CON applications. He said the fight is about an “imaginary scratch in the dirt that nobody sees; a Berlin Wall on the DuPage border denying free access to health care. The more visible that scratch in the dirt becomes, the more of a barrier it represents. And the less freedom of choice each of us has.”

Rush affiliation may not be enough

Copley officials say the hospital's affiliation with Rush-Presbyterian-St. Luke's Medical Center in Chicago will enable the medical center to offer state-of-the-art services to DuPage, Kane and Kendall county residents. But John Stevens, board chairman at Edward Hospital, said the linkage may be more of a detriment than an advantage for area patients.

"Despite its affiliation with Rush-St. Luke's, Copley cannot offer any new services to the area and would refer patients downtown for tertiary

In active duodenal ulcers

Once-a-night hs therapy controls acid rain

*Zantac 300
#30
Sig: 1 tab h.s.*

Zantac[®] 300
ranitidine HCl/Glaxo 300 mg tablets

Zantac[®] 150 Tablets
(ranitidine hydrochloride)

Zantac[®] 300 Tablets
(ranitidine hydrochloride)

Zantac[®] Syrup
(ranitidine hydrochloride)

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac[®] product labeling.

INDICATIONS AND USAGE: Zantac[®] is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: Zantac[®] is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS:

General: 1. Symptomatic response to Zantac[®] therapy does not preclude the presence of gastric malignancy.

2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see **DOSAGE AND ADMINISTRATION**). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix[®] may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although Zantac has been reported to bind weakly to cytochrome P-450 *in vitro*, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/d.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella*, *Escherichia coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with Zantac[®]. The relationship to Zantac therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to Zantac administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

Cardiovascular: As with other H₂-blockers, rare reports of arrhythmias such as tachycardia, bradycardia, atrioventricular block, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and rare reports of pancreatitis.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days. There have been occasional reports of hepatitis, hepatocellular or hepatocellular or mixed, with or without jaundice. In such circumstances, ranitidine should be immediately discontinued. These events are usually reversible, but in exceedingly rare circumstances death has occurred.

BRIEF SUMMARY

Zantac[®] 150 and 300 (ranitidine hydrochloride) Tablets
Zantac[®] (ranitidine hydrochloride) Syrup

Musculoskeletal:

Rare reports of arthralgias. **Hematologic:** Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by Zantac and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when Zantac has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population.

Integumentary: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac[®] product labeling).

Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice daily. An alternate dosage of 300 mg or 20 ml (4 teaspoonfuls equivalent to 300 mg of ranitidine) once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome): The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day. In some patients it may be necessary to administer Zantac[®] 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/d have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

GERD: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: Zantac[®] 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets.

Zantac[®] 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC

services at Rush," even though the same services are available at other hospitals in the county, Stevens said. "Residents shouldn't have to pay for Copley to invade an already well-served area. Copley wants a piece of the well-to-do DuPage market, pure and simple."

Physicians practicing in the western suburbs also are divided about Copley's relocation. "Obviously, less patients means less money to a hospital," said Glen R. Coulomb, M.D., a family physician who practices in Naperville and is affiliated with Edward Hospital. "Therefore, both Edward Hospital's progress and success would come to a halt. And Copley's dream of padding its wallet with the money from DuPage County's elite residents [would] backfire. They would both become ailing hospitals that might even be forced to close their doors altogether, as several Chicagoland hospitals have done recently."

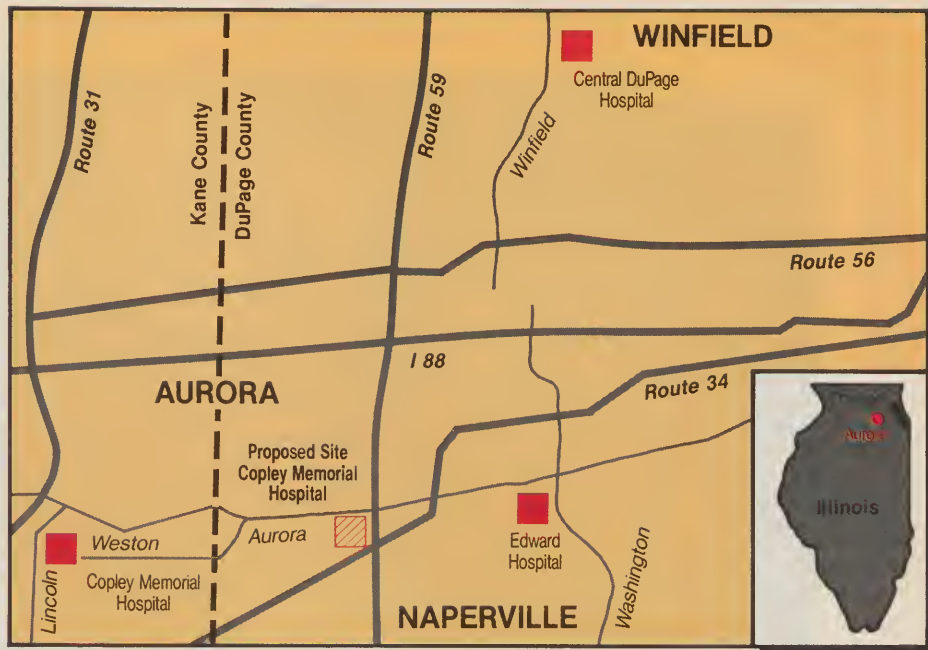
James Sandrolini, M.D., medical director of the Dreyer Medical Clinic in Aurora, said denying Copley's request to move eastward would discourage the hospital's growth. A state-of-the-art medical center with "more and better technologies" is what will attract quality physicians to the hospital's staff. He added that if DuPage County is "so over-bedded" as the other hospitals in the area claim, "Any future requests for beds by hospitals in that area should then be denied."

Physicians opposing the move said more competition would limit the number of patients they could treat, thus precluding them from sharpening their skills with certain procedures, such as cardiac catheterization. Edward Hospital opened its new cardiac catheterization laboratory in October, and officials said its patient load will suffer if Copley moved closer. The proposed Copley site is within 90 minutes of 31 other cardiac centers, they said.

Other physicians testified that trauma services and cancer care also would be adversely affected by a glut of availability. "If Copley pulls out of central Aurora, it takes the community's only accessible radiation oncology treatment center with it," said William Fischer Jr., M.D., medi-

cal director of the InterCommunity Cancer Center in nearby Lisle, in written testimony. "In fact, the residents of Lee, DeKalb and Kendall counties would be required to travel farther for radiation oncology. Moving Copley's radiation oncology center would ... exceed the state planning board's 45-minute acceptable travel time for these cancer patients."

Wendy Richards, M.D., a family physician at Edward, said the county's current hospitals "will continue to meet the health care needs of DuPage County." She said duplicating services drains needed resources and does not improve health care delivery. By moving to DuPage, she said, Copley would leave "one population overserved and one underserved." ▲



Taking The Mystery Out of Long Term Disability



Holmes, here's a **Long Term Disability Plan** that pays up to \$10,000 per month without taking anything away from the benefits paid by my other plans," Doctor Watson declared.

"Why, that's amazing," Holmes rejoined.

"That's not all, Holmes," Doctor Watson replied. "This Plan even pays for *partial* disability. The period of partial disability counts toward the waiting period if I later become totally disabled."

"Incredible, Watson."

"What's more incredible is it's only test for disability is the inability to perform my own medical specialty."

"How's that possible, Doctor Watson? Your specialty is mystery!"

"Elementary, my dear Holmes. After all, it's just what the doctors ordered!"

There's no mystery to obtaining Long Term Disability protection at low cost group rates from your medical society. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the **PBT Long Term Disability Plan** sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

CMS

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

Resolution deadline is March 13

The deadline for submitting resolutions for consideration by the Illinois State Medical Society House of Delegates at its 1991 annual meeting is **Wednesday, March 13**, instead of the originally announced March 12. The annual meeting will be held Friday through Sunday, April 12-14, at the Westin O'Hare Hotel in Rosemont.



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC
call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Reservists

(continued from page 3)

double up their workload," Dr. Baker says of the five surgeon-partners. "I'm lucky to have partners who have helped to maintain the practice."

Reservists who have left solo practices have not been so fortunate, and Dr. Baker says private practice physicians have expressed concern for their patients and the work they left behind.

Reservists yet to be activated express uncertainty, concern for patients

James J. Curran, M.D., associate professor of clinical medicine at the University of Chicago Pritzker School of Medicine and head of the university's outpatient clinic, has been a Navy reservist for 17 1/2 years. Dr. Curran is on medical hold for an ear problem, but otherwise he is on stand-by status.

Uncertainty about the required length of active duty is a concern to the rheumatologist. "If you have to go, you have to go, but put some time frame on it," Dr. Curran says. Should he be called to active duty, there would be no one to care for his estimated 2,000 patients, and many of them would be forced to seek care elsewhere.

"Three to four months [on active duty] is no big problem," Dr. Curran says. "But a year or longer, you'd have to re-establish yourself all over again. Somebody has to provide care in the interim."

Bikram Dhillon, M.D., an active reservist and emergency medicine physician in residency training at Cook County Hospital, may one day be called for duty. Dr. Dhillon joined the military in 1985; the armed forces paid for two years of medical school, for which he must spend three years practicing medicine in the military.

A call to active duty would disrupt his residency training, but Dr.

Dhillon accepts that fact as a part of military life. "It's always going to disrupt something, and some things are more immediate than others."

"The uncertainty is difficult," he adds, "but that's always the case with the military. The military has done a lot of good for me, and I've gotten a lot from this country. ... If it's important it's got to be done."

Sumner C. Kraft, M.D., a professor of medicine at the University of Chicago and a colonel in the U.S. Army reserves, has been a reservist for 33 1/2 years. He has had two military leaves of absence in the last 25 years, in addition to the two weeks of reservist training he receives annually. The University of Chicago internist and gastroenterologist says when a call-up is imminent he checks with administrators to

find out what provisions must be made for his absence. His appointments are booked three months in advance, and Dr. Kraft says he has informed his section chief that these patients will have to be divided among other physicians, should he be called up. Other doctors could fill the gap in his absence, Dr. Kraft says, but an all-out mobilization of many physicians would require the university to modify its programs and patient load.

Dr. Kraft also makes sure his family will be provided for while he is in the military. At the University of Chicago, staff members called to active duty receive full pay and benefits for the first month of their military service. After that date, the university no longer pays their salaries but continues their benefits for the

duration of service. He adds that federal law requires employers to keep positions open to employees for their return from military service. Families of reservists on active duty for more than 30 days may also receive supplemental insurance benefits through the Civilian Health and Medical Program of the Uniformed Services.

Dr. Kraft says he is "a little bit older than most reservists," but he adds, "Rather than retire, I have opted to stay in the reserves because I feel I have an obligation to provide a service, and to contribute as long as I am able." Physicians are the only personnel allowed to remain in the reserves for more than 30 years, Dr. Kraft says, adding that they may continue to serve as long as they are physically fit for duty. ▲

Medical waste

(continued from page 2)

acceptance of the ordinance.

The department's main concern lies with people attempting to get around the ordinance by "fly dumping," leaving medical waste materials unattended in an alley or vacant lot, said Frances Ginther, CDOH health regulations administrator. When such incidents occur, department inspectors will sift through the debris for information identifying the source of the medical waste.

"The health department was [initially] opposed to creating this ordinance because it looked like it was going to be an added expense," Dr. Biek said, "and there would be no evidence of any health benefit."

Public perception that AIDS can be contracted from discarded needles contributed to passage of the ordinance, he said, although no evidence exists that AIDS may be transmitted by contact with infectious medical waste. The risk of accidental infection of hepatitis B is also slight.

"This is not a public health concern or a public health issue of any significance," Dr. Biek said. "We have much more important things to worry about." ▲



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. And enjoy the satisfaction of a general practice without the financial and management burden. Today's Air Force offers an exciting medical environment and a non-contributing retirement plan for physicians who qualify. Learn more about becoming an Air Force physician. Call

**USAF HEALTH PROFESSIONS
COLLECT
(414) 291-9475**



AMA guidelines
(continued from page 1)

Ethical opinions are codified within the Current Opinions of the Council on Ethical and Judicial Affairs, which Dr. Clarke calls the AMA's "bible" for interpretations of the principles of medical ethics. Opinions are "set in stone" and ethically binding for physicians until the council opts to alter or delete them to reflect societal changes, Dr. Clarke explained.

No strings attached

Unacceptable gifts include "subsidies from industry ... to pay for the costs of travel, lodging or other personal expenses of physicians attending conferences or meetings," the opinion states. Gifts of "substantial value," even if they have some educational worth, also should be avoided, according to the opinion.

Gifts with "strings" attached should never be accepted, Dr. Clarke said, adding that taking a gift should not affect a physician's prescribing habits either. "Perception is reality," he said. "If the public is perceiving that you're involved in an impropriety, then the activity should be avoided. We want to avoid the perception of improper conduct."

The guidelines will aid physicians in staying on the ethical side of the impropriety line, Dr. Clarke said. "Physicians need some guidance when things get tricky, and that's what this opinion is - guidance," he noted.

Sexual misconduct in medical practice

Sexual contact between physicians and their patients was the subject of another Council on Ethical and Judicial Affairs opinion. According to the statement, "Sexual or romantic interactions between physicians and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care and ultimately may be detrimental to the patient's well-being." The opinion, "Sexual Misconduct in the Practice of Medicine," also states that if personal involvement with a patient is inevitable, physicians should terminate the professional relationship before dating or becoming romantically entangled.

Even the perception of unethical sexual interplay must be avoided, the opinion says. "If a physician has reason to believe that non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact," it continues.

The council also issued a report on gender disparities in clinical decision making. Dr. Clarke said medicine is guilty of treating male and female patients differently. For example, he said, physicians must be alerted to their attitudes toward female patients. "If a female patient comes into the office complaining of headaches, the physician often treats her complaints differently

than if a male patient described the same symptoms. We believe there is a difference in physicians' minds about when a male states a symptom and when a woman states a symptom," he said.

In addition, medical research has focused more on males than females, Dr. Clarke said. He cited the "aspirin" studies as examples where the profession now knows a great deal about males, but not nearly enough about the advantages a woman might garner from "an aspirin a day" to reduce her chances of developing intravascular clotting. "We must be aware there is this gender disparity," he said. "And we've got to overcome it."

Physician-aided deaths discussed

The council also began examining the growing controversy over physician participation in lethal injections for executions, physician-aided suicide, euthanasia and withdrawal of life-sustaining treatments, including nutrition and hydration. The discussion was spurred by recently publicized cases about physician-aided deaths - two capital punishment cases in Illinois and Missouri, and a physician-aided suicide in Michigan.

Reports of three Illinois physicians taking part in the September execution of a convicted murderer were confirmed by the state Department of Corrections. Department officials are protecting the identities of the physicians and will not release any details about what specific actions

the physicians took in the execution. In the Michigan case, a judge dismissed murder charges against a Michigan physician who had attached an IV line of a "suicide machine" he invented, allowing an Alzheimer's patient to take her own life. The judge ruled that the state does not have any specific law prohibiting a person from helping another commit suicide. The issue could soon appear on Michigan's upcoming legislative plate.

Calling such actions unethical, Dr. Clarke said AMA policy is clear on physicians aiding in state-ordered executions or helping patients to take their lives. "The actual concept of a physician is one of sustaining life and trying to relieve suffering," he said. "Anything to the contrary just does not fit the traditional role of a physician in our society. There have been arguments made about relieving suffering, but you just can't separate life from suffering. A physician is not one who terminates life."

Calling it a monumental task, Dr. Clarke said the council will be examining the "whole issue of death and dying" over the next year in hopes of creating a concise set of policies addressing physicians' ethical obligations and a patient's right to die. "As society changes, the role of the physician will be changing in many ways. There will come a time when all of our societal positions will be re-evaluated. It's a dynamic situation, not static," he said. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: Illinois Medicine, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. Illinois Medicine will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin, 45-physician, multispecialty group is seeking an internist, a general (vascular) surgeon, a plastic surgeon, a rheumatologist, a pulmonologist, an OB/gyn, and an ophthalmologist. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Parkway, Beloit, WI 53511, or call 608/364-2200.

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Table with 5 columns: Insertions, 25 words or less, 26 to 50 words, 51 to 75 words, 76 to 100 words. Rows show rates for 1, 3, 6, and 12 insertions.

Otolaryngology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Central Illinois—Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Dermatology—Brainerd, MN: Join 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen, 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Pediatrics—Brainerd, MN: Join 2 pediatricians in 22-MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Internal medicine—Brainerd, MN: Join 7 internists in 22 MD multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect/write Curtis Nielsen 218/828-7100 or 218/829-4901, P.O. Box 524, Brainerd, MN 56401.

Cardiology. Be a part of a thriving invasive cardiology group practice located in southern Indiana. Affiliated with a 590-bed regional referral center. Competitive salary plus malpractice insurance and other physician perks. Send CV to Don Hoit, 12161 Lackland Rd., St. Louis, MO 63146 or call 1-800-336-3963.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculo-plastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

ENT - Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

General psychiatrist. A BC/BE general psychiatrist is needed to join a 210-provider, private multispecialty group practice associated with the University of Illinois, College of Medicine. Psychiatric division has a 20-member multidisciplinary team with five psychiatrists. Practice includes a combination of inpatient, out-patient and consultative services. Competitive salary, liberal fringe benefits and early partnership; malpractice coverage provided. Write including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 W. University Ave., Urbana, IL 61801; call collect 217/337-3417 or you may fax your CV to 217/337-3163.

Family practice—hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to respond to growing community demand. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatrics and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/525-5643.

Michigan City, IN—seeking full-time and part-time emergency physicians for 99-bed, low volume hospital emergency department within hours drive of Chicago. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 20, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine—Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital—8 bed ICU—excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River-central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Southwest Illinois—Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

BC/BE internist for rapidly growing ambulatory care service of university affiliated hospital. Responsibilities include ambulatory general internal medicine and admitting room. Also available is vacancy for candidate with interest/experience in inpatient geriatrics. Salary range starting at \$75,000-\$84,000. Excellent federal benefit package. Address CV to: Uma Sekar, M.D., Associate Chief of Staff/Ambulatory Care, Veterans Affairs Medical Center, 1900 E. Main, Danville, IL 61832.

Family practice, Denison, IA. Seeking two family practitioners to round out an active medical staff of five, serving town of 6,500 and county of 18,000. Weekend ER coverage provided by hospital. Excellent school system and 72-bed hospital located in this scenic western Iowa community. Contact Kip Ewen, Administrator, 712/263-5021 or 712/263-3830.

General practitioner for short-term full-time work in progressive southwest Illinois facility. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Pediatrician wanted for northern Illinois community health center. Our multispecialty group seeks additional practitioner for busy clinic and hospital practice serving minority and financially needy population. Academic affiliation, good salary and benefit package in pleasant, affordable city. Contact John F. Frana, Executive Director, Crusader Clinic, 120 Tay St., Rockford, IL 61102; 815/968-0286.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 12161 Lackland Rd., St. Louis, MO 63146, or call 1-800-336-3963.

Southern Illinois, emergency medicine: steadily growing ER with 7,500 annual patient visits. Opportunity to develop occupational and industrial medicine program. Revenue sharing, administrative opportunity and strong medical staff support. Small private group emphasizing physician retention. For more information call Mary Zimmerman or Garry Scarato, M.D., medical director of emergency medical care. Please call collect 314/532-0766.

Internal medicine. Milwaukee is the location for this multispecialty practice. This 35-physician group includes 11 internists presently and seeks an additional associate. For further information please contact Gary Williams 1-800-544-6728.

BE/BC Allergist—Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Diagnostic radiologist sought. Opportunity exists for full-time or part-time board eligible/board certified diagnostic radiologist in a Chicago community hospital. Please contact Boris Marinberg, M.D., Chairman, Radiology, 312/521-1710, ext. 4100.

Primary care physician: twelve month, full-time position for general medical care of university students at an ambulatory health facility beginning July 1, 1991. Side interest in sports medicine preferred. Primary care specialty training and certification preferred. Qualified applicants must have or be eligible for Illinois licensure. Liability covered. Hours 8-4:30 weekdays with limited call (telephone) one day/week. Send letter of interest and curriculum vitae to Rosemary B. Lane, M.D., M.P.H., Director, University Health Service, Northern Illinois University, DeKalb, IL 60115. 815/753-1311, by March 1, 1991. Northern Illinois University is an Equal Opportunity/Affirmative Action Employer.

Joliet area. Thriving family practitioner looking for partner. Terms negotiable. Call 815/722-2525.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Medical suite for rent: in high traffic, stable working community in Chicago area. Excellent demographics. Large modern suite with accessible parking. 312/238-6686.

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

Joliet area. Professional office space available. Ideal for medical/dental office. Call 815/722-2525.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Family practice. Sun belt, university town. Walk-in clinic, no weekends or calls. Well-trained personnel. New 200-bed hospital. Gross 300,000. Terms financing negotiable. 36-hour week. Beautiful home available. Call collect 612/474-6487.

May 1st, 1991. Sub-let 950 feet, furnished medical office: three examining rooms, bathroom, lab or consulting area or business office, and reception room. Excellent demographics—large parking area. 708/866-8677 (Evanston location).

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Health clinic building, 4942 W. Division, Chicago. 6,000 square foot single story building with 3,000 mezzanine loft storage area. Fully demised space consists of central reception area, offices, examining rooms with plumbing, and public and employee bathrooms. Includes two fenced side lots. Located across the street from St. Anne's Hospital. 60,000 potential patients within walking distance. Two heat/air conditioning units. Recently redecorated. Available April 1, 1991. Call 312/561-6688, broker/owner.

Practice for sale. 40-year established general practice. N.W. side in Chicago. Large active patient count. Grossing over \$200,000. 1,200 square feet of easy working space in one level atrium building with attractive lease. Four plumbed exam rooms, large MD office, fully equipped lab, large business office, 12-seat waiting room. Currently, 22 hours of office hours per week. Turnkey for right MD or small group. Contact H. Volk at 708/386-3951 or write P.O. Box 3753, Oak Park, IL 60303 for further information.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit (2) IBM 3551 terminals; IBM Proprietary 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

Family practice. Net \$150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Active established primary care practice. Completely equipped, staffed and computerized. Excellent patient base. Will introduce. Chicago location. Call 312/346-3364.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Why does JACKSON & COKER recruit more physicians each year than any other company?

☐ Largest pool of available physicians in the nation

☐ Network of 7 regional offices nationwide

☐ Expertise that produces unparalleled results in recruiting quality physicians

☐ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

ILLINOIS STATE MEDICAL
INTER-INSURANCE EXCHANGE

THE EXCHANGE IS PHYSICIAN
OWNED AND OPERATED,
SUPPORTED BY A STAFF OF
INSURANCE PROFESSIONALS.
OUR COMMITMENT TO OUR
POLICYHOLDERS ALLOWED
US TO STAND FIRM WHEN
OTHERS WERE ABANDONING
ILLINOIS PHYSICIANS.

Protecting physicians from non-meritorious lawsuits is behind the Exchange's strong commitment to reform medical malpractice laws. Our continuing vigilance is aimed at protecting these hard-won reforms—some of which have been threatened by court challenges.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians
SINCE 1976

COMMITTED

TO THE ILLINOIS PHYSICIAN

ILLINOIS STATE
MEDICAL



INTER-
INSURANCE
EXCHANGE

Illinois Medicine

Steps
for effective
risk management . . . 6

February 1, 1991

ILLINOIS STATE MEDICAL SOCIETY

Cook County Hospital loses JCAHO accreditation

by Tamara Strom

AFTER YEARS OF living on the edge, Cook County Hospital has finally lost its accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), prompting Cook County Board President Richard Phelan to renew his push for the county to build a new 650-bed hospital.

"I think all of this is coming together, mainly the accreditation problem, the funding problem and the new hospital problem," Phelan said. "The problem with the Joint Commission is a building problem—the violations incurred by the condition of our building, the lack of efficiency and so on."

JCAHO first notified the county of its intent to deny accreditation to

(continued on page 14)



Cook County Hospital lost its JCAHO accreditation because of safety violations.

Edgar names cabinet members for health posts, seeks spending cuts

by Tamara Strom

SAYING THE STATE is stuck in "a little bit of mud" trying to get through this fiscal year, Gov. Jim Edgar Jan. 16 named eight cabinet members, including four whose departments deal with health-related issues. He immediately charged them with cutting this year's departmental spending.

"It is indeed my pleasure to announce the appointment of eight highly qualified individuals who will play a major role in the Edgar administration," the governor said two days after his inauguration. "I have the utmost confidence that these men and women will perform their jobs very, very well, and will be of great assistance to me as we set policy in the state of Illinois for the next four years."

Edgar's appointments include John R. Lumpkin, M.D., as director of the Illinois Department of Public Health (IDPH); Philip C. Bradley as director of the Illinois Department of Public Aid (IDPA); Nikki M. Zollar as director of the Illinois Department of Professional Regulation (IDPR); and William K. Murphy as director of the Department of Mental Health and Developmental Disabilities.

Illinois' budget crunch is serious, Edgar said. Although revenues are holding steady at projected levels, he said the state's budget troubles



Wm. Daniels/The Photo Partners

Gov. Jim Edgar (right) introduces some of his cabinet appointees at a Jan. 16 news conference in Chicago. From left: William K. Murphy, Department of Mental Health and Developmental Disabilities; Philip C. Bradley, Department of Public Aid; and Sue Suter, Department of Children and Family Services.

rest with the "considerable" rise in expenditures, particularly for public aid. "If the economic situation gets worse and revenues decline, and the number of people needing help, particularly from public aid, increases, then we're going to face an even more serious problem than we're facing now," Edgar said. He symbolically began the necessary cuts by slashing nearly \$1 million from his own office budget.

"I am hopeful we will be able to get through this fiscal year and not

have to go in and cut essential services or entitlement programs," Edgar said. "But I hope everyone understands we're not out of the woods. In fact we're somewhat in a little bit of mud trying to get through this fiscal year."

(continued on page 9)

AMA protests OMB's proposed Medicare cuts

by Kevin O'Brien

AN UNEXPECTED proposal by the federal Office of Management and Budget (OMB) to cut \$2.9 billion from the 1992 Medicare budget during the very early stages of the budget process has prompted a quick response from the American Medical Association's (AMA) executive vice president, James S. Todd, M.D.

Shortly after the mid-December release of the budget cut proposal, Dr. Todd was in communication with Health and Human Services (HHS) Secretary Louis W. Sullivan, M.D., and Health Care Financing Administration head Gail Wilensky, Ph.D., objecting strongly to the proposed cuts.

In a Jan. 14 story in *American Medical News*, Dr. Todd was quoted as say-

ing, "I told Dr. Sullivan that if some of these (cuts) go through, it will be absolutely impossible for the medical profession to ever have any confidence in our government or work with them again." He continued, "I don't think the government understands the damage it has already done to its credibility with doctors and to their ability to care for our

(continued on page 13)



Wm. Daniels/The Photo Partners

Oregon Senate President John Kitzhaber, M.D. (left), author of Oregon's basic health care plan, visits with ISMS President James H. Andersen, M.D., after addressing the ISMS Board of Trustees on Jan. 19. See guest editorial, Page 4. ▲

In this issue

News briefs 2
AMA, ADA issue positions
on invasive procedures 2
Health issues in
Chicago mayoral race 3

Edward Hospital loses
bid for more beds 5
Measles epidemic over 8
Lab scam hits Illinois 8
Members in the news 10

***** 3 DIGIT SCF 208
0121 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Michael Reese will not rejoin trauma system

Michael Reese Hospital and Medical Center has told the Chicago Department of Health (CDOH) that it has no intentions of rejoining the state's trauma network, according to health department officials. CDOH efforts to lure the hospital back to the system fell flat when Humana Inc., the Louisville-based for-profit health care corporation set to purchase the South Side hospital, said it will not operate a full-time Level I trauma center. Before withdrawing from the trauma network, Michael Reese incurred losses in 1989 of \$17.5 million, much of that attributed to delivering trauma services.

Without Michael Reese, Chicago's trauma system includes the following state-designated centers: Illinois Masonic Medical Center, Northwestern Memorial Hospital, Mt. Sinai Hospital Medical Center, Cook County Hospital, University of Chicago's Wyler Children's Hospital and Children's Memorial Hospital.

Insurance Department warns patients about bankrupt Illinois HMO

The Illinois Department of Insurance is advising patients enrolled in Health Plan of Central Illinois Inc., a Peoria-based HMO, to seek other health coverage following a bankruptcy petition filed against the plan by two hospitals and a medical clinic.

The HMO had agreed to a state-controlled liquidation, which would have enabled the state to continue coverage for the HMO's patients under the Illinois HMO Guaranty Association. But the involuntary bankruptcy petition, asking the U.S. bankruptcy court to liquidate the plan's assets, pre-empts the Insurance Department's ability to invoke protection by the Guaranty Association, said a department spokesman.

The department filed a motion to dismiss the petition, but until the motion is granted, Health Plan enrollees should find other coverage.

No-frills insurance now available

In response to a new state law permitting Illinois businesses to offer low-cost, limited health insurance coverage to employees, one Illinois insurer put a "no-frills" policy on the market in January. Blue Cross and Blue Shield of Illinois' "Blue Cross Basic" plan targets small businesses that have not offered a health plan to their employees for at least 12 months. Offering premiums lower than other plans, "Basic" does not cover substance abuse treatment or mental health counseling. In addition, enrollees must satisfy a \$1,000 deductible before any health services are reimbursed, according to Blues officials. Covered expenses are reimbursed at 70 percent, officials added.

AMA set to trim staff

Responding to changing priorities, the American Medical Association (AMA) has announced it will reduce its staff size, eliminating some temporary and contract positions. Attrition from positions not refilled when employees leave the association will aid in trimming the Chicago-based staff by up to "two or three dozen positions," the AMA said. The number of positions to be cut will be announced this month.

"If we are to refocus our efforts to position the right people in the right jobs for the long-term benefits of the association, some valued but lower priority programs and their staffs will undergo changes," said AMA Executive Vice President James S. Todd, M.D. The AMA is attempting "to refocus programs — to do fewer things better — based on changes in AMA priorities and long-term goals," he added.

In addition, the AMA announced it will tear down its former Chicago headquarters located at 535 N. Dearborn St. instead of renting the 300,000-square-foot building. After the building is razed, the association will operate a parking lot on the land until it is sold. ▲

— Compiled by Tamara Strom

Avoid invasive procedures or disclose HIV status, say medical, dental associations

by Kevin O'Brien

HIV-INFECTED physicians and dentists should refrain from performing invasive procedures or disclose their seropositive status to their patients before doing so, according to statements issued last week by the professions' two Chicago-based professional organizations.

The American Medical Association (AMA) and the American Dental Association (ADA) issued the statements in response to a Centers for Disease Control (CDC) report that said at least three patients had contracted the HIV virus while under the care of a Florida dentist. The dentist, David Acer, D.D.S. of Stuart, Fla., has since died of AIDS.

Both organizations said the uncertainty about the mode of transmission in the Florida cases prompted the actions. But the response may also have been an effort to pre-empt the issuance of more stringent CDC guidelines, which the Atlanta-based federal agency is known to be considering.

"This is not new policy," an AMA spokesman told *Illinois Medicine*. "It is merely the application of existing policy to a real-life situation."

The AMA statement said that "HIV-infected physicians should either abstain from performing invasive procedures which pose an identifiable risk of transmission, or disclose their seropositive status prior to performing a procedure and proceed only if there is informed (patient) consent." The AMA also said that physicians who are at risk of acquiring the HIV virus and who perform invasive procedures should determine their HIV status.

Last July, it was disclosed that one of Dr. Acer's patients, then identified only as patient A, contracted the virus while under the dentist's care. The patient, Kimberly Bergalis, a college student from Ft. Pierce, Fla., has since told her story on nationwide news shows. In its Jan. 18 *Morbidity and Mortality Weekly Report (MMWR)*, the CDC said that at least two more patients, identified as patients B and C, also contracted the virus while under Dr. Acer's care.

The *MMWR* said Dr. Acer performed invasive procedures on all three patients who had "no other confirmed exposures to HIV." In addition, the report said that, "DNA sequence analyses of the HIV strains from these three patients indicate a high degree of similarity of these strains to each other and to the strain that had infected the dentist — a finding consistent with previous instances in which cases have been linked epidemiologically."

"We still maintain our belief that infection-control procedures work," said ADA spokesman Philip Weintraub. "But keeping in mind that the welfare of the patient is foremost for us, we had to take an activist policy that says HIV-positive dentists should stop doing invasive procedures or disclose their seropositive status."

Saying the ADA agreed with the CDC that Dr. Acer was the "probable cause of transmission," Weintraub noted the CDC pointed to "some very stark deficiencies in Dr. Acer's infection-control procedures."

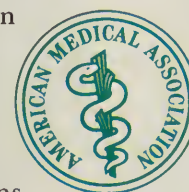
The report said that, "The precise mode of HIV transmission to patients A, B and C remains uncertain." But it also said that because "barrier precautions" were inconsistently applied or not in compliance with recommendations, "multiple opportunities" existed for the dentist to sustain needlestick injuries or cuts from other sharp instruments. Thus, "The occurrences of puncture or cut wounds during treatment may have allowed the dentist's blood to enter an open wound or contact mucous membranes of a patient directly."

CDC investigators said that Dr. Acer did not provide his staff with written policies or training courses on infection-control practices and principles, nor was there any office protocol for reporting or recording injuries from sharp instruments or devices.

The investigation also revealed that Dr. Acer and his staff did not practice ADA-recommended barrier precautions. Latex gloves and surgical masks were not always changed between patients, and often Dr. Acer and his staff merely washed their gloves between patients instead of removing and adequately disposing of them.

In addition, the office maintained no written policy for the reprocessing of dental instruments and equipment, and instruments were not always autoclaved or otherwise sterilized. Consequently, the report said that, "Transmission might also have occurred by the use of instruments or other dental equipment that had been previously contaminated with blood from either the dentist or a patient already infected by the dentist." The report indicated that this form of transmission was less likely than direct blood-to-blood transmission, however.

Both the AMA and ADA said that HIV-infected physicians and dentists are entitled to pursue their practices in ways that do not put patients at risk and that both organizations pledge to protect and support physicians and dentists in such circumstances. ▲



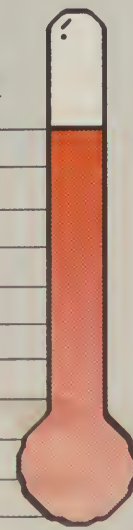
Physician Facts

Rural hospitals suffering financial losses

Approximately one third of rural hospitals in the United States are in financial trouble according to a 1990 federal report based on figures from 1985-87. Below are selected state breakdowns:

State	Rural hospitals	No. with net losses	% with losses
Texas	172	91	53
Wyoming	21	10	48
Mississippi	85	39	46
Hawaii	7	3	43
New York	53	20	38
California	43	16	37
Maine	24	8	33
Florida	36	11	31
New Mexico	22	6	27
Illinois	83	22	27
Iowa	87	18	21

Source: General Accounting Office report, June 1990



Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Health issues at heart of subdued mayoral race

by Tamara Strom

OVERSHADOWED BY the outbreak of the Persian Gulf war, the Feb. 26 Democratic primary for the Chicago mayoral race is uncharacteristically quiet. Two well-known and seasoned Chicago politicians – former Mayor Jane Byrne and Cook County Commissioner Danny Davis – are gunning for incumbent Richard M. Daley's job, claiming he has failed to exert the leadership necessary to correct the major problems facing Chicago, especially the city's glaring health care needs.

Although Byrne and Davis are campaigning, both charge the hostilities overseas are keeping the upcoming primary out of the public's eye and thus allow Daley to avoid talking about the issues. To date, Daley has limited his campaigning to calling for volunteers, opening campaign offices, making a few public appearances and airing television commercials.

Byrne and Davis were interviewed for this report; Daley submitted written answers to questions from *Illinois Medicine*.

"The crisis in the Middle East is certainly uppermost in the minds of most people in this country and in this city," Davis said. But the crisis does not alleviate the vast shortcomings in health care in the city, he added. Although Chicago "is lagging way behind" in caring for its poorer citizens, Davis said the city's health woes are not all that different from the problems facing other large U.S. cities, a conclusion Daley agrees with.

"As is true in many urban areas, coordination of health services, improved health care financing and improved access to care are broad-based issues facing Chicago's health care system," Daley said, acknowledging that "much still needs to be done."

City health commissioner needed

Byrne, Daley and Davis all cite lack of access to health care, Medicaid repayment and high infant mortality among the most pressing health issues facing the city. Byrne and Davis add a full-time health commissioner to the list, saying that hiring a commissioner would be the first order of business of either, if elected.

The city has been without a commissioner since Acting Commissioner Richard Krieg, Ph.D., resigned in March, promising to stay on until a new commissioner could be recruited or until his new position in academia began. Dr. Krieg assumed his new responsibilities as executive director of Roosevelt University's Institute for Metropolitan Affairs in September, and a Chicago Board of Health search committee is still seeking the "perfect candidate." In the interim, Chicago Department of Health (CDOH) deputy commissioners Virginia Parker and Sister Sheila Lyne, R.S.M., are carrying out administrative and operational duties. But the health department "really is a ship without a captain," Davis said.

"Finding the best-qualified health commissioner has been a challenge



Chicago Mayor Richard M. Daley



Former Mayor Jane Byrne



Cook Co. Commissioner Danny Davis

Blue Cross[®] Blue Shield[®] REPORT FOR *Illinois Physicians*

NEW \$100 DEDUCTIBLE TAKES EFFECT

The Part "B" deductible for 1991 is \$100. The amount is a 33 percent increase from the \$75 deductible of previous years. The new deductible means Medicare B will not pay for the first \$100 in approved charges processed for 1991 services.

Certain rules apply to the amount a provider who is accepting assignment may collect from a beneficiary before the claim for service is processed by Medicare. If the provider cannot determine the beneficiary's deductible status, the beneficiary may be charged the lesser of (1) the approved charge for the service, or (2) the first \$100 in approved charges plus 20 percent of the remaining approved charge. However, if the beneficiary's deductible status is known, the provider may charge the amount of the unmet deductible, if any, and 20 percent of the approved charge in excess of any unmet deductible.

The claim should show the amount collected from the beneficiary for covered services. If a claim submitted for covered services also includes non-covered services, such as a procedure not approved for the provider's specialty or a procedure considered cosmetic or investigational, any amount collected for the non-covered services should not be included in the amount shown as paid by the patient.

To the extent feasible, any overcollection from the beneficiary for deductible or coinsurance will be refunded by Medicare directly to the beneficiary. The provider who overcollected is responsible for refunding to the beneficiary if Medicare did not do so.

"SUPERBILL" REFUSAL REQUIRES CHANGE FOR SOME

Physicians and suppliers who submit "superbills" with Part B claims should prepare either to complete the HCFA-1500 form or to take advantage of the electronic billing option.

Last month, the Medicare B Bulletin reported that superbill attachments will not be accepted by Medicare B in the near future. This article is a reminder to those who need to prepare for the change. Plans to order additional customized bill forms, called "superbills", may need to be reassessed.

The Health Care Financing Administration's policy will soon be that Part B carriers cannot accept superbills in lieu of a completed claim form. The superbill attachment delays a claim from processing timely. Information has to be incorporated from two documents, one not being in a standard format. Furthermore, the superbill is becoming increasingly impractical under Part B as the volume of claims grows to nearly 2 million monthly in Illinois alone. The refusal of superbills under Part B may coincide with the expected revision of the HCFA-1500 form.

With few exceptions, any claim that can be submitted once can be submitted electronically. Paper billers should consider advantages in shorter turnaround time and greater control afforded by electronic billing. Support for starting an electronic billing process can be obtained by calling 1-312-938-7697.

ASSIGNMENT INDICATOR IS IMPORTANT

Providers whose intent is to accept assignment of the Medicare Part "B" payment are reminded to indicate so on their claims.

Participating providers are required to accept assignment for all eligible services furnished during their period of participation. Some participants neglect to indicate they accept assignment on individual claims in the belief their participation agreement takes care of this matter. The agreement, however, states that "accepting assignment...means requesting direct Part B payment from the Medicare program." In order to request direct payment, the provider should put the assignment indicator on claims.

Providers using "superbill" attachments should mark the acceptance of assignment on the HCFA-1500 form, not on the superbill. As reported in December, the superbill attachments will not be accepted as of a date to be announced in the near future.

(2/1/1991)

(continued on page 11)

Editorials

Fear itself

The worst thing about being frightened is how alone you feel. No one, not even your spouse, can understand the cold that touches the pit of your stomach, reaches the bottom of your psyche, when you realize that what you are most afraid of has indeed happened: *you've been sued.*

The professional liability insurance process includes help to alleviate that fear; support and understanding can go a long way toward reducing fear, to warming up the cold places where it has lodged. Yet the Illinois State Medical Inter-Insurance Exchange's experience has been that doctors resist reporting incidents, claims and suits – they're afraid reporting a possible claim, no matter what its merits, will become a factor in figuring next year's premium. In fact, the failure to report often has a much bigger negative impact. Doctors who attempt to persuade a plaintiff's attorney there is no merit to a suit may only dig themselves deeper into that fearful hole. Doctors who ignore summons to depositions, who hope that ignoring the legal letters will make the problem go away, may find themselves on the very wrong end of a judgment.

Professional liability insurance involves more than paying the premium every year. It requires the active cooperation of the insured in the process of protection. It means risk management and risk reduction techniques. It means paying attention to what patients are saying and how they're saying it. And it means prompt reporting of incidents, claims and suits. David B. Littman, M.D.'s articulate essay on Page 6 outlines the hows, the whats and the whys.

All that's needed now is for the doctor to act on this prescription; it's an antidote to fear. "The only thing we have to fear is fear itself," President Franklin D. Roosevelt said. By cooperating with, not fearing, the system, we can reduce the personal and emotional impact of malpractice as well as the legal outcome. Read Dr. Littman's article on the subject; more than presidential quotes, his are words to live by.

For those in peril

The house of medicine is sorely tested in times of war. Patriotism is tempered by the realization that it will fall to the doctors to save, to mend, to heal the young people for whom war truly is hell. For one doctor in Illinois, whose son is missing in action, the worst losses of war may have already been realized. We cannot realistically hope that other members, their staffs and all those they love will be completely spared. We send prayers of hope and strength and safety to those members who wait, in the words of the Navy's hymn, "for those in peril" on the sea, on the land, in the air. Come home safe. Come home soon. ▲

Illinois Medicine

VOLUME 3, NUMBER 2

FEBRUARY 1, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

James H. Andersen, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

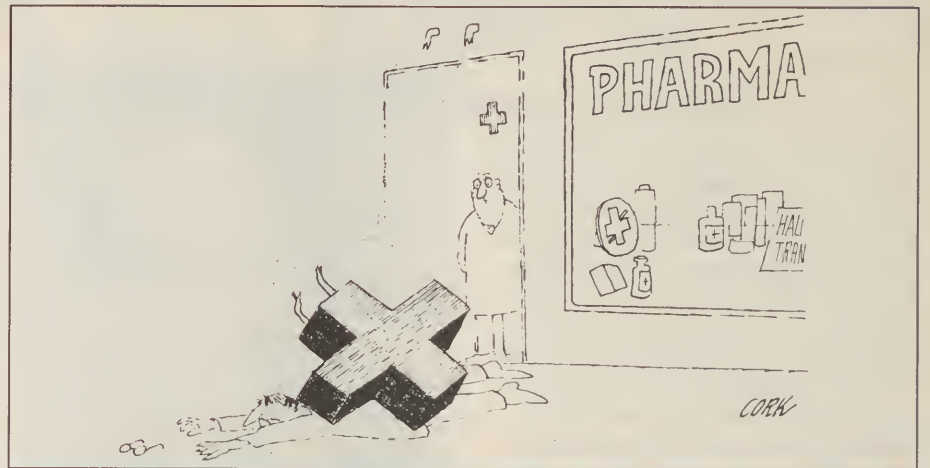
Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 505 Chicago Avenue, Evanston, Illinois 60202. Phone: 708/866-7770.



Guest Editorial

The Oregon health plan



by John Kitzhaber, M.D.

Between 35 million and 37 million people in America today have no health insurance coverage – that's nearly one out of every five people. Included are more than 40,000 infants who die each year due to the complications of low birth weight. Also included are hundreds of thousands of children who suffer permanent developmental disabilities because they lacked access to basic health care in the first few months or years of their lives. Also in this group are people who die from a variety of illnesses because they delayed seeking treatment out of concern about how to pay for it.

This is not a pretty picture, but it accurately reflects the shortcomings of our nation's current health policy. It is a policy that, in many parts of America, says to a working family of three, "If you make more than \$5,500 a year, you are too rich to qualify for publicly subsidized health care." It is a policy that threatens the health of our nation and our ability to compete in a world economy. It also threatens the autonomy of physicians and some of the principles upon which our health care system has been built.

In Oregon, we have embarked on a process that I think may offer at least some answers.

On July 26, 1989, the Oregon Basic Health Services Act (OBHSA), a package of three bills that guarantees universal access to a basic level of health care to all Oregonians, was signed into law. Senate Bill 27 the centerpiece of the legislation, establishes an 11-member Health Services Commission (HSC) whose task is to determine a priority listing of health care services from which that basic level of benefits will be determined. It also expands Medicaid eligibility by providing this basic level

of services to all Oregonians with household incomes at or below 100 percent of the federal poverty line.

The act also mandates that the basic benefits package be provided to permanent employees and their dependents. The costs are shared between employer and employee, with tax credits provided to employers to offset implementation costs.

Finally, the act establishes a state-subsidized high-risk insurance pool to provide health benefits to those persons who are considered "medically uninsurable."

This past year, the HSC conducted 61 public meetings, more than 50 subcommittee meetings, and undertook a statewide scientific survey to elicit citizen views. Information gleaned from the meetings and survey was combined with cost data from state medical information systems to provide an analysis of each health care service the system will provide. Further analysis of the data will produce a prioritized health care benefits list.

The final prioritized list of benefits is scheduled to be released this month. An actuarial firm will then determine the cost of providing the services on the list. In April, the completed list will be given to the legislature, which cannot alter the order of priorities set by the HSC. The legislature will then determine whether to implement the plan and, if so, the level of funding. Thus, the basic health care benefits package will be determined by the legislature through the state budget process.

Before implementation, the OBHSA requires a waiver of federal Medicaid rules and regulations. The state is working with its congressional delegation and the Health Care Financing Administration to obtain that waiver. We are optimistic that the waiver will be granted.

The truly astounding thing about the Oregon Health Care Plan is the significant coalition that supported it. It was endorsed not only by the Oregon Medical Association, the Oregon Hospital Association and the AFL-CIO, but also the state's most influential business organization, and the major state coalition for the poor and the uninsured. The bill passed the House of Representatives 57-3 and the Senate 24-2. ▲

Dr. Kitzhaber is president of the Oregon State Senate. Illinois Medicine plans closer examination of the Oregon plan in future issues.

Edward Hospital loses bid for 40 additional beds

by Tamara Strom

DESPITE THE PLEAS of several staff physicians, the Illinois Health Facilities Planning Board voted Jan. 10 to deny Edward Hospital's request for 40 additional beds. The hospital has 60 days to appeal the state agency's decision.

"We've become a cardiac care center and a trauma center, but we haven't added one bed," said James Wood, M.D., emergency department director. "We've been squeezing a size 12 foot into a size 8 shoe for too long. Anyone who has tried that knows that it hurts."

The planning board ruled that Edward officials and staff physicians did not provide enough evidence to support their claim that the Naperville hospital needed more than its current 118 medical/surgical beds. Planning board staff reported that the hospital's average daily census has been 68 percent; Edward officials, however, said the hospital has been operating at about 91 percent to 93 percent capacity over the last few months.

"The patients are there and we've got them stuffed in every corner of the hospital," said Vincent Bufalino, M.D., chairman of the cardiac department. Since becoming a cardiac care center offering open heart surgery and opening a cardiac catheterization lab in October, Edward's census has "ballooned," Dr. Bufalino said.

The hospital's cardiac care program is growing faster than anticipated, he said. Officials predicted performing approximately 450 cardiac catheterizations a year, but in the first few months of operation, about 145 patients have been treated, he added.

"Edward used to be a sleepy community hospital with a lot of corn fields around it, but today we provide more high-tech care," Dr. Bufalino said. "Without more beds we will have trouble efficiently delivering the high-tech services that we've been offering. As the 'hotel manager' of the beds, I'm in charge of telling the doctors to move their patients. Doctors at the hospital have been asking for more beds for three years."

Edward officials acknowledged, however, that nine of the hospital's 118 medical/surgical beds are unusable as a result of construction of a new bed tower, due to be completed in July. While allowing that the hospital may be experiencing a slight rise in patient admissions, planning board staff members called approving additional beds for Edward "premature at best." During the 30-minute discussion, board members also expressed doubts about the hospital's certificate of need (CON), saying temporarily removing from service some beds is not sufficient reason to grant a CON for additional beds.

Edward's request comes while the hospital is battling to keep nearby Copley Memorial Hospital of Aurora from entering DuPage County by claiming the county has too many

beds already. Copley officials were uncertain how the planning board's decision to deny Edward's bid for additional beds would affect their application to build a replacement hospital in the Fox Valley Villages area of Aurora in DuPage County.

Despite rejecting the request for more beds, the planning board did approve Edward's CON application to expand its emergency department from nine to 18 beds and to add a satellite radiology facility near the emergency room at a projected cost of \$6.2 million. ▲



An artist's rendering of Edward Hospital's new bed tower, which is scheduled to open this summer. The IHFPB approved Edward's application to expand its emergency department and add a satellite radiology facility, but denied its bid for more beds.

A VICTORY IN ANGINA

Your patients are vulnerable to anginal attacks every hour of the day and night.

PROCARDIA XL, taken once a day, offers the assurance of predictable 24-hour plasma levels¹ and the confidence of full 24-hour control²...a victory in angina.

Once-a-Day
Procardia XL[®]
(nifedipine) Extended Release
Tablets 30 mg, 60 mg and 90 mg GITS

CONFIDENT 24-HOUR CONTROL WITH ONCE-DAILY DOSING

© 1991, Pfizer Inc

Please see brief summary of prescribing information on adjacent page.

Guest Editorial

Risk reduction begins with early recognition, reporting

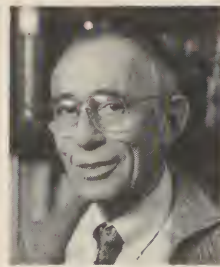
by David B. Littman, M.D.

Within the current medical-legal climate, timely recognition of and response to situations that may engender claims is essential. Professional liability insurers require prompt recognition and reporting of such situations to facilitate early investigation at a time when information is

readily available and memories are vivid, rather than dim.

Advantages of prompt recognition

Early investigation leads to better defense and, when indicated, to prompt settlement. Most lawsuits are filed from one to two years after the fact. The conduct of a "cold" investigation after a suit has been filed is



David B. Littman, M.D.

quite difficult, and in those circumstances, valuable information may later no longer be available. The cost of an investigation is significantly higher due to time and expense required to piece together necessary facts so long after the event. For example, witnesses may now live in another state; the involvement of the medical equipment manufacturer may be evident, but if not considered at the time of the occurrence, all evidence to link the manufacturer to the

event may have been destroyed, or worse, given to the manufacturer.

In some suits, the event in question is often a high-risk claim situation that obviously should have been reported at the time of the occurrence. Many sets of circumstances are not so obvious, however, and therefore it is important to learn how to recognize potential claims.

Overcome obstacles to reporting

First, physicians must learn to overcome a common obstacle: a natural tendency to first evaluate the occurrence for the presence or absence of actual malpractice. Claims that are filed prove that plaintiffs' lawyers never go to so much trouble. *Do not try to analyze the medical merits of the potential claim* when determining if an "incident" should be reported. Non-medical factors often take precedence in determining if a claim will be pursued. Because of their vast experience, the professional liability analysts at the Illinois State Medical Inter-Insurance Exchange are in a better position to evaluate claim potential than are you. Do not bypass this protection provided by your Exchange policy on the assumption that a claim will be filed only if "malpractice" has transpired.

What to report

Exchange claim-reporting procedure details that the following must be reported by insureds: (Illinois physicians who are insured elsewhere should be aware of the requirements of their own policies.)

- *Incidents:* Incidents are early indications of problems that may, for a variety of medical and non-medical reasons, represent future claims. As discussed, the recognition of "incidents" followed by prompt reporting allows for early investigation. Prompt collection of facts limits the scope of the incident and prevents plaintiffs' lawyers from altering those facts. Early investigation may also provide opportunity for resolution of problems through means that could not be employed after a lawsuit has been filed.

Not all reported incidents will be investigated; only those that require additional details will be further examined. No patient or relative will be contacted by the Exchange without the knowledge of the physician involved. *Reporting of incidents does not have adverse effect upon an individual physician's claim record.* Separate files are maintained for reported incidents until such time as they may develop into claims or lawsuits.

The Exchange requires reporting of the following incidents, because experience has shown they carry a high probability of development into claims or lawsuits. Any incident about which there is doubt or uncertainty should be reported; it is best to err on the side of reporting. The Exchange requires reporting of all procedures or treatments that result in:

- Death
- Loss of a major member
- Permanent or partial impairment of a bodily function
- Loss or impairment of one of the five senses
- Severe disfigurement or paralysis
- Unresolved complaints about the



CONFIDENT 24-HOUR CONTROL WITH ONCE-DAILY DOSING

Once-a-Day

Procardia XL®

(nifedipine) Extended Release

Tablets 30 mg, 60 mg and 90 mg GITS

A VICTORY IN ANGINA

Confidence and Convenience Combined

- Start patients on a single 30-mg or 60-mg PROCARDIA XL Extended Release Tablet, swallowed whole, once a day
- In patients with angina, doses above 90 mg should be used with caution and only when clinically warranted
- Side effects include peripheral edema, which is not associated with fluid retention, and headache

PROCARDIA XL Also Provides Confident 24-Hour Control of Elevated Blood Pressure³

- In patients with hypertension, doses above 120 mg are not recommended

References:

1. Chung M, Reitberg DP, Gaffney M, Singleton W. Clinical pharmacokinetics of nifedipine gastrointestinal therapeutic system: a controlled-release formulation of nifedipine. *Am J Med.* 1987;83(suppl 6B):10-14. 2. Bittar N. Usefulness of nifedipine for myocardial ischemia and the nifedipine gastrointestinal therapeutic system. *Am J Cardiol.* 1989;64:31F-34F. 3. Bravo EL, Krakoff LR, Tuck MK, Friedman CP, the MATH Study Group. Effects of nifedipine gastrointestinal therapeutic system (NGITS) in older (O) and younger (Y) essential hypertensives. *Clin Pharmacol Ther.* 1990;47:199. Abstract.

Brief Summary

PROCARDIA XL® (nifedipine) Extended Release Tablets

For Oral Use

CONTRAINDICATIONS: Known hypersensitivity reaction to nifedipine.

WARNINGS: Excessive hypotension: Although in most angina patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients on concomitant beta blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients receiving nifedipine together with a beta-blocking agent who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic anesthetics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

The following information should be taken into account in those patients who are being treated for hypertension as well as angina:

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction on starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta Blocker Withdrawal: It is important to taper beta blockers if possible, rather than stopping them abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients usually receiving a beta blocker, have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to those patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General—Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of nifedipine is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure. (See WARNINGS.)

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose dependent manner with an incidence ranging from approximately 10% to about 30% at the highest dose studied (180 mg). It is a localized phenomenon thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose angina or hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Other: As with any other non-deformable material, caution should be used when administering PROCARDIA XL in patients with preexisting severe gastrointestinal narrowing (pathologic or iatrogenic). There have been rare reports of obstructive symptoms in patients with known strictures in association with the ingestion of PROCARDIA XL.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small (5.4%) increase in mean alkaline phosphatase was noted in patients treated with PROCARDIA XL. This was an isolated finding not associated with clinical symptoms and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported. In controlled studies, PROCARDIA XL did not adversely affect serum uric acid, glucose, or cholesterol. Serum potassium was unchanged in patients receiving PROCARDIA XL. In the absence of concomitant diuretic therapy, and slightly decreased in patients receiving concomitant diuretics.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs test with/without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions—Beta-adrenergic blocking agents: (See WARNINGS) Experience in over 1400 patients with Procardia capsules in a noncomparative clinical trial has shown that concomitant administration of nifedipine and beta-blocking agents is usually well tolerated but there have been occasional literature reports suggesting that the combination may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina.

Long Acting Nitrates: Nifedipine may be safely co-administered with nitrates, but there have been no controlled studies to evaluate the antihypertensive effectiveness of this combination.

Digitalis: Administration of nifedipine with digoxin increased digoxin levels in nine of twelve normal volunteers. The average increase was 45%. Another investigator found no increase in digoxin levels in thirteen patients with coronary artery disease. In an uncontrolled study of over two hundred patients with congestive heart failure during which digoxin blood levels were not measured, digitalis toxicity was not observed. Since there have been isolated reports of patients with elevated digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing nifedipine to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Cimetidine: A study in six healthy volunteers has shown a significant increase in peak nifedipine plasma levels (80%) and area-under-the-curve (74%), after a one week course of cimetidine at 1000 mg per day and nifedipine at 40 mg per day. Ranitidine produced smaller, non-significant increases. The effect may be mediated by the known inhibition of cimetidine on hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats, for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. Nifedipine has been shown to be teratogenic in rats when given in doses 30 times the maximum recommended human dose. Nifedipine was embryotoxic (increased fetal resorptions, decreased fetal weight, increased stunted forms, increased fetal deaths, decreased neonatal survival) in rats, mice, and rabbits at doses of from 3 to 10 times the maximum recommended human dose. In pregnant monkeys, doses 2/3 and twice the maximum recommended human dose resulted in small placentas and underdeveloped chorionic villi. In rats, doses three times maximum human dose and higher caused prolongation of pregnancy. There are no adequate and well controlled studies in pregnant women. PROCARDIA XL® (nifedipine) Extended Release Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

ADVERSE EXPERIENCES: Over 1000 patients from both controlled and open trials with PROCARDIA XL Extended Release Tablets in hypertension and angina were included in the evaluation of adverse experiences. All side effects reported during PROCARDIA XL Extended Release Tablet therapy were tabulated independent of their causal relation to medication. The most common side effect reported with PROCARDIA XL was edema which was dose related and ranged in frequency from approximately 10% to about 30% at the highest dose studied (180 mg). Other common adverse experiences reported in placebo-controlled trials include: headache (15.8%, compared to 9.8% placebo incidence), fatigue (5.3%, compared to 4.1% placebo incidence), dizziness (4.1%, compared to 4.5% placebo incidence), constipation (3.3%, compared to 2.3% placebo incidence), and nausea (3.3%, compared to 1.9% placebo incidence). Of these, only edema and headache were more common in PROCARDIA XL patients than placebo patients.

The following adverse reactions occurred with an incidence of less than 3.0%. With the exception of leg cramps, the incidence of these side effects was similar to that of placebo alone: *body as a whole/systemic:* asthenia, flushing, pain; *cardiovascular:* palpitations; *central nervous system:* insomnia, nervousness, paresthesia, somnolence, dermatologic: pruritus, rash; *gastrointestinal:* abdominal pain, diarrhea, dry mouth, dyspepsia, flatulence; *musculoskeletal:* arthralgia, leg cramps; *respiratory:* chest pain (nonspecific), dyspnea, urapneal; *impotence, polyuria.*

Other adverse reactions were reported sporadically with an incidence of 1.0% or less. These include: *body as a whole/systemic:* face edema, fever, hot flashes, malaise, periorbital edema, rigors; *cardiovascular:* arrhythmia, hypotension, increased angina, tachycardia, syncope; *central nervous system:* anxiety, ataxia, decreased libido, depression, hyperreflexia, hyposthesia, migraine, parosmia, tremor, vertigo; *dermatologic:* alopecia, increased sweating, urticaria, purpura; *gastrointestinal:* eructation, gastroesophageal reflux, gum hyperplasia, melena, vomiting, weight increase; *musculoskeletal:* back pain, gout, myalgias; *respiratory:* coughing, epistaxis, upper respiratory tract infection, respiratory disorder, sinusitis; *skeletal senses:* abnormal lacrimation, abnormal vision, taste perversion, tinnitus; *urogenital/reproductive:* breast pain, dysuria, hematuria, nocturia.

Adverse experiences which occurred in less than 1 in 1000 patients cannot be distinguished from concurrent disease states or medications.

The following adverse experiences, reported in less than 1% of patients, occurred under conditions (e.g., open trials, marketing experience) where a causal relationship is uncertain: gastrointestinal irritation, gastrointestinal bleeding.

In multiple-dose U.S. and foreign controlled studies with nifedipine capsules in which adverse reactions were reported spontaneously, adverse effects were frequent but generally not serious and rarely required discontinuation of therapy or dosage adjustment. Most were expected consequences of the vasodilator effects of Procardia. Adverse experiences reported in placebo-controlled trials include: dizziness, lightheadedness, and giddiness (27%, compared to 15% placebo incidence); flushing, heat sensation (25%, compared to 8% placebo incidence); headache (23%, compared to 20% placebo incidence); weakness (12%, compared to 10% placebo incidence); nausea, heartburn (11%, compared to 8% placebo incidence); muscle cramps, tremor (8%, compared to 3% placebo incidence); peripheral edema (7%, compared to 1% placebo incidence); dyspnea, cough, and wheezing (6%, compared to 4% placebo incidence); palpitation (7%, compared to 5% placebo incidence); dyspnea, cough, and wheezing (6%, compared to 3% placebo incidence); and nasal congestion, sore throat (6%, compared to 8% placebo incidence).

There is also a large uncontrolled experience in over 2100 patients in the United States. Most of the patients had vasospastic or resistant angina pectoris, and about half had concomitant treatment with beta-adrenergic blocking agents. The relatively common adverse events were similar in nature to those seen with PROCARDIA XL.

In a subgroup of approximately 250 patients with a diagnosis of congestive heart failure as well as angina, dizziness or lightheadedness, peripheral edema, headache or flushing each occurred in one in eight patients. Hypotension occurred in about one in 20 patients. Syncope occurred in approximately one patient in 25. Myocardial infarction or symptoms of congestive heart failure each occurred in about one patient in 15. Atrial or ventricular dysrhythmias each occurred in about one patient in 150.

In post-marketing experience, there have been rare reports of exfoliative dermatitis caused by nifedipine.

More detailed professional information available on request.

Revised July 1990



Pfizer Labs

amounts of bills

- Any complication in treatment, even if anticipated
- Any rumor or indication of a problem from any source
- Any personal injury reasonably likely to involve the insurance policy.

• **Claims:** Claims are formal demands for compensation that allege negligence or liability. Notices of claims must be reported to the Exchange with dispatch and must not be answered without specific direction from the Exchange. Claims that must be reported include:

- Receipt of an attorney's lien letter
- Any threat of legal action as the result of treatment
- Any patient demand for compensation

• **Suits:** Any paper served by an officer of the court, in which you are named as a defendant, co-defendant or respondent in discovery, must be reported immediately. There are time restrictions for filing responses to lawsuits and other legal notices; hence an investigation of the facts, as soon as information can be garnered, is necessary.

Do not bypass policy protection

Do not offer personal response to any such papers; such response bypasses the protection afforded by your Exchange policy and is a breach of the policy requirement to cooperate with the defense of the claim. Be aware that under the rules of discovery, a plaintiffs' lawyer may

file an action that requires physicians to answer written questions (interrogatories) and to give depositions when those physicians are not named defendants in medical malpractice cases. The plaintiff's lawyer can then make the physician a defendant in the suit if he believes that he has probable cause. Because of this risk of possible further involvement in a suit, *all* notices for deposition as a respondent must be reported.

It is always prudent to contact the Exchange for advice before speaking with any lawyer about a patient's care. A surprising number of physicians are trapped into providing information to plaintiffs' lawyers without obtaining appropriate advice

and counsel protection from the Exchange.

Summary

Effective claim and litigation management is one of the most important risk-reduction techniques and can minimize the severity of financial loss after a patient injury has occurred. Incident-awareness and the timely reporting of potential claims provide opportunity to reduce severity by allowing for early intervention and resolution before problems become lawsuits. Investigation while information and evidence are readily available greatly enhances the ability to defend a lawsuit, should other resolution not be achieved. ▲

ATTENTION PHYSICIANS

Deaconess Hospital of Evansville, Indiana and its affiliated physicians are actively recruiting qualified physician candidates to join existing medical practices of various specialties and locations.

Founded in 1892, Deaconess is a regional referral center and is the largest hospital in Southern Indiana, with 590 licensed beds and encompassing 14 city blocks. Deaconess has earned a strong reputation for providing compassionate care with advanced technology and continues to uphold a commitment to service and medical science.

Evansville is situated along the Ohio River near the southern tip of the state. With a greater metropolitan population exceeding 250,000, Evansville has all the benefits of a large city while maintaining a quiet "hometown" atmosphere. It's also conveniently located within three hours of St. Louis, Indianapolis, Nashville, and Louisville.

For more information, contact Deaconess Hospital at:

800/336-3963

Medical-legal problems in Illinois... to prevent them...to solve them, turn to **The Law of Medical Practice in Illinois**

by Theodore R. LeBlang, J.D., and
W. Eugene Basanta, J.D., LL.M.

UPDATED WITH 1990 SUPPLEMENT

This unique single-volume guide clearly presents the standards by which the acts of medical personnel in Illinois are measured. Never before have the rights and responsibilities of physicians and other health care providers been so readily accessible to both legal and medical practitioners in Illinois.

From this authoritative guide, you'll gain:

A time-saving grasp of complex medical-legal issues

- medical malpractice
- physician and hospital liability
- wrongful birth, wrongful life cases
- liability for referrals
- informed consent, religious refusals
- medical-legal ethics concerning organ transplants, surrogate motherhood, abortion, genetic counseling, artificial insemination, and more
- criminal liability of physicians
- arbitration of medical malpractice claims

A thorough, working knowledge of the medical profession

- medicine as a business
- technological advances
- medical care financing
- the hospital/physician relationship

Fast access to the rules that govern physician conduct and health care operations in Illinois

- Illinois statutes and cases
- federal and out-of-state laws and court rulings
- administrative procedures and policies regarding physician licensure, public health records, emergency care, "cost containment," disclosure of medical records, and more
- AMA, AOA, and other professional guidelines and standards
- patients' rights statements

In addition, THE LAW OF MEDICAL PRACTICE IN ILLINOIS provides charts, case illustrations, and tables. Hundreds of cases, statutory citations, and medical-legal references are supplied. An extensive appendix provides sample forms, complaints, guidelines, licensure requirements, and more. Abundant references to LCP's highly-respected Total Client-Service Library (TCSL®), including cites to *Am Jur* and *Am Jur Proof of Facts* and annotation references to *ALR 2d*, *3d*, and *4th*, are also noted in each chapter.

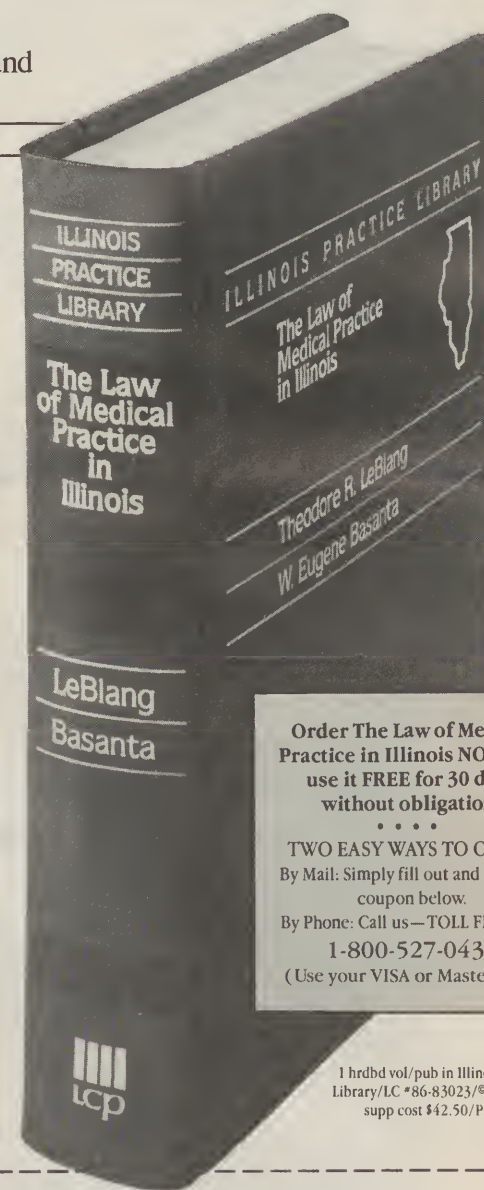
You also get the 1990 cumulative Supplement, included with the volume at no extra charge!

THE AUTHORS

Theodore R. LeBlang, J.D., is Legal Counsel to Southern Illinois University School of Medicine, and Professor in the Department of Medical Humanities. **W. Eugene Basanta, J.D., LL.M.**, is Associate Professor at Southern Illinois University School of Law. Credits are also given to **J. Douglas Peters, J.D.** **Robert John Kane, J.D.**, (cum. supp. co-author) practices with the law firm of Morse, Giganti, & Appleton, Springfield, IL.



Lawyers Cooperative Publishing
Aqueduct Building, Rochester, New York 14694



Order The Law of Medical Practice in Illinois NOW and use it FREE for 30 days without obligation!

TWO EASY WAYS TO ORDER
By Mail: Simply fill out and mail the coupon below.
By Phone: Call us—TOLL FREE—at
1-800-527-0430
(Use your VISA or Mastercard)

1 hrd/bd vol/pub in Illinois Practice Library/LC #86-83023/©1986/1990
supp cost \$42.50/Price \$79.50.

YES!

Please send me THE LAW OF MEDICAL PRACTICE IN ILLINOIS to use and examine FREE for a full month. If I keep this volume (price \$79.50, plus applicable sales or use tax), please enter my subscription to receive upkeep material (supplements and new or revised volumes) as issued, also for 30 days without obligation!

Method of Payment

- ☐ Payment enclosed. (Please add applicable sales tax.)
- ☐ Bill me later.

Please sign here _____ M10003

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Mail to: Tamara Schreiner, Lawyers Cooperative Publishing,
Rochester, NY 14694.

Measles epidemic over

by Tamara Strom

BROUGHT TO ITS knees by an aggressive immunization campaign, the 1989-1990 Chicago measles epidemic is "officially over," according to Chicago Department of Health (CDOH) officials.

The last case of measles reported in the city was on Sept. 28. But despite the dramatic drop from a high of 510 cases in July 1989 to none since September, CDOH officials are not resting on their laurels.

"Unlike smallpox, it probably will be back," said Chicago Board of Health President Whitney W. Addington, M.D., about the possibility of new measles cases.

"While measles numbers in Chicago are now near zero, we stress to everyone — health professionals, elected officials, the press and most importantly parents — that now is not the time for complacency," said CDOH Medical Director Richard Biek, M.D. "A large pool of unimmunized and underimmunized children makes epidemics possible. It's a disaster waiting to happen."

The measles epidemic hit the city in the first half of 1989. By year-end, 2,232 people had contracted measles, and 10 people had died from the disease. Seventy-five percent of all measles cases were in children under 5 years old. CDOH figures for 1990 show only 621 con-

firmed cases.

The city's measles immunization campaign featured free or reduced-price vaccines for physicians to provide to their patients, emergency on-site immunization sites at schools and door-to-door immunization teams at public housing complexes. The health department also called on private physicians, clinics and hospitals to help immunize children. The campaign is credited in large part for halting the spread

of measles. "Part of it was the epidemic burned itself out," said CDOH spokesman Timothy C. Hadac. "But a bigger part was our intervention. The immunizations did a lot to stop it."

"Combating measles is a true measure of a health department's ability to respond," said CDOH Deputy Health Commissioner Virginia Parker at a Dec. 5 ceremony at which the department received a commendation from the U.S. Department of Health and Human Services. "But success only comes with a sustained effort."

CDOH has secured a \$400,000 grant from the federal Centers for Disease Control in Atlanta to study

1990 Chicago Confirmed Measles Cases

Month of onset	Number of cases
January	149
February	111
March	112
April	101
May	68
June	43
July	20
August	9
September	8
October	0
November	0
December	0

Total 621

Source: Chicago Department of Health

1989
total:
2,232

1990
total:
621

the city's on-site immunization program in its Women, Infants and Children (WIC) program. The children at highest risk for developing childhood illnesses such as measles are enrolled in the WIC programs, making the centers an appropriate place to study immunization effectiveness, according to health department officials.

Continuing the measles immunization push is critical, Dr. Biek said, because, "With almost 150 live births in Chicago every day, there is always the potential that parental complacency will allow a large pool of unimmunized youngsters to grow," thus making another measles resurgence possible. ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

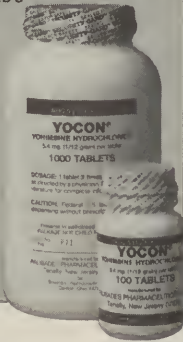
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Lab scam hits Illinois

by Tamara Strom

A SOPHISTICATED "lab scam," now under investigation by the FBI, has infiltrated Chicago's western suburbs. Attempts to bilk health care insurers out of more than \$56,000 in bogus laboratory charges have been documented.

"This is a new and interesting way to rip off insurance companies," said Theodore E. Desch, Blue Cross and Blue Shield of Illinois senior vice president. The scheme works by luring patients to a storefront or "rolling" lab set up in a van to receive routine health screenings, — such as blood, cholesterol or urine tests — for free or a nominal charge.

Although the screenings appear well-intentioned, Desch said "foul play" occurs when lab personnel ask patients for insurance identification numbers that should be unnecessary if the patient is receiving the test free or is paying a small fee on the spot. After five to 10 days in business, the lab closes up shop and moves to another location to avoid detection, he said.

With the patient's insurance ID number in hand, the lab begins billing for "really heavy duty" and costly tests, such as electroencephalograms, magnetic resonance imaging scans and electrocardiograms, Desch said, with some bills running "into the thousands."

"We found some very peculiar things," he said. "Claims for lab tests performed on the same patient on the same day at two, three and sometimes four different locations." The patients' test results were identi-

cal and the records were from the same lab, he added.

No physicians are involved in the Illinois operation, although physicians' names and identification numbers are forged on the bogus claim forms, Desch said. "These are just plain crooks who have found an innovative way to get into the health care claims payment system," he said.

Physicians can play a role in educating patients about reputable labs, he said. "Those utilizing the bogus labs could suffer a great deal," he said. "The testing is often unsanitary and haphazard, posing health risks. The test results — if the patient sees them at all — are often erroneous, providing alarmingly misleading diagnoses." False negatives and false positives are common, he said.

"Physicians should counsel their patients that free or nominally inexpensive storefront and recreational vehicle lab test operations are really not what's best for health care delivery," he said. "Patients can go to shopping mall operations that are very clearly identified as an arm of a local health care provider. If it's associated with a local hospital then they can [be tested] safely."

The complicated lab scams first cropped up in Southern California in the early 1980s. Before the two Russian immigrants who ran the labs were caught, they had succeeded in collecting about \$110 million from health care insurers. The Illinois lab could be a "copycat" of the California scheme, Desch said, adding that similar operations are appearing in the Midwest. ▲

Edgar (continued from page 1)

The state faces a fiscal-year-end deficit of nearly \$300 million, two-thirds of which is attributed to IDPA spending overruns. Edgar said he expects spending cut recommendations from each new cabinet member within about 10 days.

New directors face problems

As public aid director, Bradley will have to address the growing gap in available funds and Medicaid claims owed to health providers. Having previously served as director of the Department of Rehabilitation Services (DORS), Bradley, a Springfield resident, is familiar with state budget machinations. But he said he is new to the workings of Illinois' Medicaid system within IDPA. "My understanding is that expenses are up," he said. "We need to take a look at all areas of state spending, not just Medicaid. These are very tight fiscal times. Addressing the Medicaid problem is first on my agenda."

Four months to the day after he was appointed acting IDPH director, Dr. Lumpkin got the go-ahead from Edgar to continue his direction of the state health department. "I'm looking forward to the challenge," Dr. Lumpkin said. "It will be difficult, but exciting as well. My overall goal is to create an [atmosphere] where people can make healthy choices." Dr. Lumpkin said the department will focus on promoting prevention of AIDS, cancer, heart disease and injuries.

Dr. Lumpkin "brings a wealth of public health experience," to the state's health department, Edgar said, including five years as associate director of the state's Office of Health Care Regulation. Prior to accepting the acting health director's post, Dr. Lumpkin served as assistant professor of emergency medicine at Northwestern University Medical School, instructor at the University of Illinois School of Public Health and taught at the University of Chicago.

As director of professional regulation, Zollar will oversee regulation of the state's licensed professionals, including physicians. An attorney, Zollar said her focus may be different from past directors, who mainly had law enforcement backgrounds. "My focus is a little broader, I think," she said. "I'm sensitive to the timeliness of the licensing and testing process. I want to make sure we're not holding professionals back from practicing their livelihoods because of bureaucratic holdups." Among her priorities are developing practice rules and procedures that ensure the discovery process "is open to respondents." Zollar will be based in Chicago because "80 to 90 percent of the prosecutions are carried out in Cook County."

Perhaps the most unexpected of the Edgar appointees, Zollar's tenure as a Democratic member and chairman-secretary of the Chicago Board of Election Commissioners was controversial. She was one of the Harold Washington Party's attorneys during the hearings challenging the right of the Washington Party candidates to appear on the ballot for the November election.

Murphy, of Springfield, has served as acting director of the Department of Mental Health and Developmental Disabilities for more than a year. He is a career employee in the

department, having worked in mental health for 30 years, Edgar noted.

Among Edgar's other appointments, he chose Sue Suter, who lost her bid for the comptroller's office in the November election, as director of the Department of Children and Family Services. A former IDPA and DORS director, Suter will be director of a "department that has a great challenge ahead of it," Edgar said. He also appointed Stephen B. Schnorf, director of the Department of Central Management Services, which oversees the state employee's health insurance plan; Robert J. Poshard, director of the Department of Veterans Affairs; and Terrance W. Gainer, director of the Illinois Department of State Police. ▲



Nikki M. Zollar



John R. Lumpkin, M.D.

Wm. Daniels/Sandy Adams/The Photo Partners

Taking The Mystery Out of Long Term Disability



"Holmes, here's a Long Term Disability Plan that pays up to \$10,000 per month without taking anything away from the benefits paid by my other plans," Doctor Watson declared.

"Why, that's amazing," Holmes rejoined.

"That's not all, Holmes," Doctor Watson replied. "This Plan even pays for *partial* disability. The period of partial disability counts toward the waiting period if I later become totally disabled."

"Incredible, Watson."

"What's more incredible is it's only test for disability is the inability to perform my own medical specialty."

"How's that possible, Doctor Watson? Your specialty is mystery!"

"Elementary, my dear Holmes. After all, it's just what the doctors ordered!"

There's no mystery to obtaining Long Term Disability protection at low cost group rates from your medical society. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the PBT Long Term Disability Plan sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

CMS

PBT Physicians' Benefits Trust

PBT
Physicians' Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

Members in the News

H. Constance Bonbrest, M.D., of Chicago, received the American Medical Women's Association (AMWA) Illinois community service award for 1990. The awards honor an AMWA physician from each state who has given outstanding service to her community. Dr. Bonbrest is an Illinois State Medical Society (ISMS) trustee from the Third District.



H. Constance Bonbrest, M.D.

Joseph T. Curti, M.D., of Kenil-

worth, was appointed to the National Advisory Council for Health Care Policy, Research and Evaluation by Louis W. Sullivan, M.D., U.S. secretary of Health and Human Services (HHS). The 17-member council will advise the HHS secretary and the administrator of the newly formed Agency for Health Care Policy and Research. Dr. Curti is a corporate vice president at G.D. Searle & Co., and a member of the board of trustees at Rush North Shore Medical Center, Skokie.

Donald F. Pochly, M.D., of River Forest, was appointed to the Committee on Review and Recognition (CRR) of the Accreditation Council

for Continuing Medical Education. Dr. Pochly is chairman of the ISMS Council on Education and Manpower. ... **Herbert P. Dexheimer, M.D.**, of Belleville, received the Wilson H. West Award from the St. Clair County Medical Society. The annual award honors physicians whose dedication to the St. Clair County Medical Society and ISMS results in the improvement of health care for Illinois citizens. ... **Robert D. Dooley, M.D.**, of Oak Brook was elected vice chairman of the DuPage Health Planning Council. The council identifies and recommends solutions for county health concerns. ... **Ian K. Edwards, M.D.**, of Olney, was elected vice chairman of the Illinois section of the American College of Obstetricians and Gynecologists (ACOG). As an ACOG fellow, he has

served on the Illinois Section Advisory Council for three years. Dr. Edwards is the director of obstetrical and gynecological services and former chief of staff at Richland Memorial Hospital in Olney.

Rolando Casis, M.D., of Barrington, was named distinguished physician for 1990 by the Philippine Medical Association in Chicago. He was cited for dedication to local community service and annual medical missions to the Philippines. Dr. Casis is an attending anesthesiologist and medical director of the day surgery center at Northwest Community Hospital in Arlington Heights.

James A. Bull, M.D., of Port Byron, has been appointed treasurer of the Illinois Academy of Family Physicians. Dr. Bull served as vice president of the Rock Island County Medical Society in 1989, and is president-elect of the Rock Island County Medical Society ... **David A. Birnbaum, M.D.**, of Northbrook, was appointed acting chief of service, department of family practice, at Michael Reese Hospital and Medical Center. Dr. Birnbaum practices sports/dance medicine at Northwest Suburban Family Health Center in Hoffman Estates.

Maude Sanders, M.D., of Peoria, was honored during "Maude Sanders Day," declared by Peoria Mayor Jim Maloof. Dr. Sanders, the city's first black woman physician, retired recently after 48 years of practice in Peoria. She came to Peoria in 1942 after graduating from Meharry College School of Medicine in Nashville, Tenn.



Maude Sanders, M.D.

Byron Mueller, M.D., of La Harpe, was presented with the Senior Service Award as outstanding physician by former Lt. Gov. George Ryan. Dr. Mueller has served on the governing board of the La Harpe Hospital Association for more than 50 years, and continues to make house calls. ... **Raymond Malott, M.D.**, was named "Samaritan of the Year" by the Riverside Medical Center Foundation. Dr. Malott, formerly of Kankakee but now residing in Scottsdale, Ariz., joined the Riverside Medical Center in 1963, the year he was president of the Kankakee County Medical Society. He was recognized for his humanitarian service to the center and the community. ... **David M. Skillrud, M.D.**, of Bloomington, received "Boss of the Year" honors from the McLean County Chapter of Medical Assistants. Dr. Skillrud practices pulmonary medicine and is a member of the Sigma Xi scientific research society of the Mayo Clinic and the Doctors Mayo Society.

Robert Nachtwey, M.D., of Springfield, was named the 1990 Copley First Citizen by the Springfield *State Journal-Register*. Dr. Nachtwey is medical director of St. John's Hospice. His community service has included more than 10 years of volunteer work with the Triangle Drug and Alcohol Abuse Center as well as work with Habitat for Humanity, Mary Bryant Home for the Blind, St. Patrick's School and United Way. ▲



SPECIALIZE IN AIR FORCE MEDICINE.

ER Physicians. Radiologists. OB/GYNs and other specialists! Today's Air Force gives you the freedom to specialize without the financial overhead of running a private practice. Talk to an Air Force medical program manager about the tremendous benefits of becoming an Air Force medical officer:

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay each year

Examine your future in the Air Force. Learn if you qualify. Call

**USAF HEALTH
PROFESSIONS
TOLL FREE "STAT"
1-800-423-USAF**



Mayoral race (continued from page 3)
for both the Chicago Board of Health and myself," Daley said. "Despite our best efforts, one barrier remains. Unlike other cities that may have been recruiting a health commissioner, the position being offered here in Chicago was based on a shortened term – the two years I am completing in Mayor Harold Washington's unexpired term. This may have been viewed by some candidates as problematic."

Byrne said the city needs a commissioner immediately to act as a spokesman for informing residents about health concerns. She said in the absence of a commissioner, health alerts for problems such as the rise in tuberculosis cases and the recent salmonella outbreak at a Chicago hotel have been made by the media without adequate response from the city. "I think we should have a commissioner of health, which we don't have," she said. "We're only hearing it from media types, and not having it explained or being shown how the health department is going to be more responsive to these problems and eliminate some of this disease."

She also criticized Daley's handling of the AIDS epidemic and said the city has failed to accurately track the number of AIDS cases in Chicago. Byrne called for more education to help alleviate public fears and prevent the spread of the disease.

Daley said creating a strategic plan to stem the AIDS epidemic has helped the city improve health care delivery and research efforts. He calls the city's plan, unveiled in November 1989, "a blueprint designed to guide and coordinate the city's response to AIDS and to promote the efficient use of the city's resources in fighting AIDS."

The plan includes counseling by CDOH staff of HIV-infected patients, a partnership with the Illinois Department of Alcoholism and Substance Abuse to deliver primary health care to drug users in a mobile facility, doubling of the city's testing and counseling sites to 10, and developing a media campaign for AIDS education and prevention. Daley added he has been actively lobbying congressional leaders to obtain federal funding for AIDS education and treatment.

More hospital closings on the horizon

All three candidates cite increasing availability of care to Chicago's Medicaid and indigent population as a health priority. In particular, Davis cited the numerous hospital closings in the city that occurred in areas "where they were most needed" and said he is concerned about the "imminent threat" of additional closings. "I predict if we don't find a way to change the Medicaid formula or find some other vehicle of payment for the medically indigent, it is possible that every inner city hospital in Chicago could close within five years," Davis said.

Nine months after the release of the Chicago and Cook County Health Care Summit final report, Davis says nothing has been done, that the mayor has "dropped the ball." Byrne said letting the summit recommendations sit on a shelf is "another mistake that's been made in the city, county [and] state where you did bring together health ex-

perts and physicians and a plan was produced." She added, "Like with all plans, you take that which can be done and do it at once and then with other suggestions and recommendations you begin to work on filling the gaps. We have seen nothing. Nothing."

Daley, however, said the reopening of Mile Square Health Center on the city's West Side and attempts to boost financial reimbursements for health care delivered at city clinics are prime examples of summit recommendations being implemented. Daley has opened discussions about the summit plan with Gov. Jim Edgar and Cook County Board President Richard Phelan, each of whom recently assumed office. "I look forward to implementing more of the report's recommendations in coop-

eration with them and with the General Assembly, health care providers and members of the community." The health department also has begun implementing portions of the clinic consolidation plan suggested in the summit report, such as closing maternal/child health centers and offering the same services at comprehensive clinics.

Effective Jan. 1, the city ceased operating its alcohol and substance abuse treatment program, transferring responsibilities for patient care to two not-for-profit treatment programs. The city will continue to monitor administration of the program for quality assurance. This decision, though, "looms as one of the worst" of the Daley administration, Davis said. "It reflects a serious lack of understanding or serious lack of

compassion to health care and provision of adequate services," he said, adding that it appears the city is trying to get out of the business of delivering health care services. "The mayor is heavy on the business of privatization," he said. "I call him the Pied Piper of privatization."

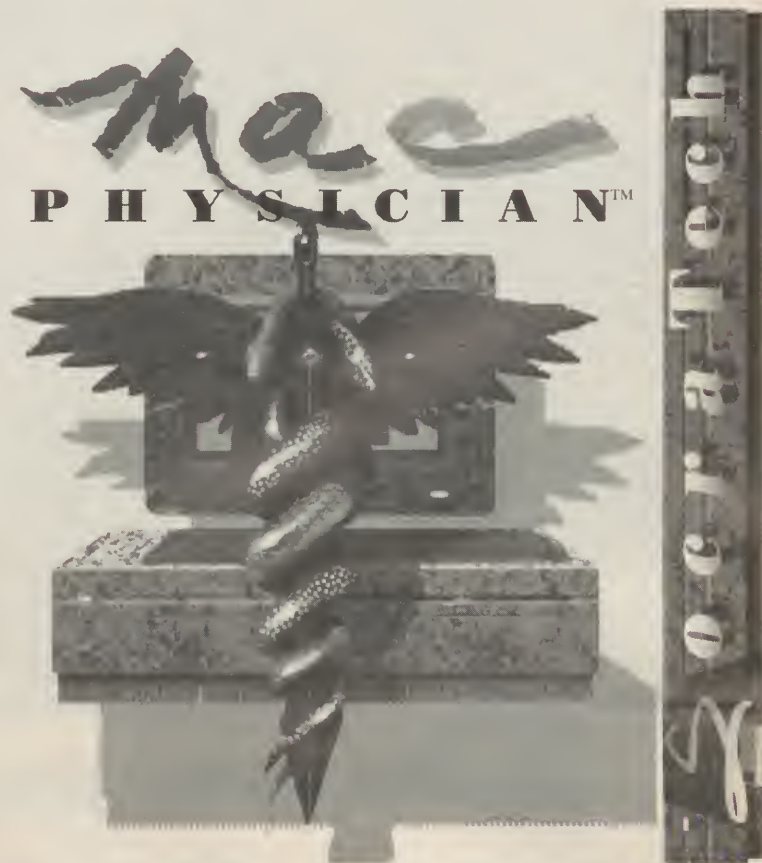
Daley said he is not so much privatizing health services as he is forging public-private partnerships between the city and community health providers to increase health care access without raising taxes. "By doing so, we have been able to open new facilities, expand service hours at many city clinics and make more comprehensive services available in various communities," Daley said. "I plan to continue to be creative in our solutions to provide quality care." ▲

Listen to some of our customers:

"I love to come to work since I started using MacPhysician."

"MacPhysician takes the job out of the job."

MacPhysician™ software priced at **\$2595** makes this an affordable and easy-to-use medical management package.



This Macintosh® based software system is designed around your present office operations so personnel can immediately start up and use the system with minimal instructions.

Because it's a MACINTOSH® we offer Automatic Features at just a "Click" of a Mouse:

- COLOR Printed Statements/Reports
- Appointment Calendar
- Mailing Labels/Recalls
- "Automatic" Aging of Accounts
- 24 Hour Free Technical Support and Free Medical Software Available on "America On Line" (Look for us under "Socratech" in the "Industry Connection" on "America On Line")
- Primary/Secondary Insurance Forms
- Simplified/Customized Patient Entry
- "Automatic" Patient Save
- Multiple Physicians and Much More...

Runs on: MacSE, MacSE30, Mac Portable

In COLOR on: MacLC, Mac II, Mac IIx, Mac IIsi, Mac IIcx, Mac IICI, Mac IIfx

Call or fill out coupon for your FREE Brochure and FREE Demo DISK

MacPhysician™
21017 Madrona Suite D
Torrance, CA 90503
(Ask us about a Dealer near you)
(800) 777-1080



MacPhysician™ - (800) 777-1080

21017 Madrona Suite D, Torrance, CA 90503

B/W Demo ☐ Color Demo ☐

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC
call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Medicare cuts

(continued from page 1)

patients."

On Dec. 28, *The New York Times* reported that Dr. Sullivan, in a strongly-worded letter to OMB Director Richard G. Darman, criticized the proposed budget cuts and complained that the budget chief was interfering too much in HHS management and operations.

An AMA spokesman on Jan. 22 told *Illinois Medicine* that the OMB action was unexpected because under new budget process rules, cuts in the Medicare budget were not needed. "All of a sudden we were seeing projected Medicare cuts for which we don't see the rationale or which had been rejected in the past."

The spokesman said that OMB's projected cuts were merely the first step in a long budget process. He said the president's budget proposal was due on Feb. 4 and that a meeting to discuss the proposal had been scheduled for Feb. 6. He also said the issue had faded recently because the outbreak of the Persian Gulf war had sent most domestic issues, including health care, to the bottom of the administration's agenda.

OMB proposed a budget package that includes a \$20 billion cut in the Medicare budget over the next five years. About \$2.7 billion would come from physician fee reductions. For fiscal 1992, which begins Oct. 1, 1991, OMB has targeted a physician fee reduction of \$250 million.

According to a late-December AMA analysis of the proposed cuts, OMB identified a list of options from which Congress can choose to achieve the \$250 million savings. Among them is a controversial proposal to include hospital-based physician services in DRG payments for a projected savings of \$210 million in 1992 and \$2.1 billion by 1996; eliminating a "duplicative" fee for drawing and handling blood and urine specimens in physicians' offices, with a projected savings of \$20 million next year and \$190 million in five years; and provisions affecting payments for anesthesia services, radiology and diagnostic tests and Medicare-covered drug discounts.

The list also includes several options previously rejected by Congress. For example, the plan to require physicians to pay a \$1 processing fee for submitting claims non-electronically was rejected during negotiations leading to the 1990 Omnibus Budget Reconciliation Act (OBRA-90) agreement. But it was back on OMB's list for 1992, projecting a savings of \$300 million that year and \$910 million through 1996.

Similarly, a previously defeated proposal to eliminate payments to assistants at surgery, for which OMB projects savings of \$60 million in 1992 and \$440 million over the next five years, has resurfaced. Another feature of the OMB proposal bound to cause controversy would reduce the physician fee schedule "conversion factor" by another 5 percent for a projected savings of \$500 million next year and \$4.775 billion in five years. OMB also proposes modifying the transition schedule to the new Medicare payment system adopted in 1989, and revising the Medicare volume performance standard (MVPS) for physicians.

The AMA analysis says the 5 per-

cent cut in the conversion factor (the mechanism by which the resource-based relative value scale (RBRVS) weighting of various medical services will be transformed into actual Medicare fees), and the modified transition schedule would undermine the credibility of the new payment system. The association says the MVPS proposal "shows that real performance is not the issue, only achieving budget targets," and that including physician services in DRGs is "inappropriate." The analysis rejects the \$1 per claim filing fee as another "tax and hassle" and says that proposed cuts for graduate medical education would severely undermine teaching hospitals' ability to provide services and fund resident slots throughout the country.

In a related development, Dr. Todd responded swiftly to an OMB delay in releasing \$103.3 million in Medicare contingency funds for fiscal 1991. The funds are held in reserve for Medicare carriers in case program administrative costs exceed the appropriation.

In a Jan. 11 letter to OMB Director Richard G. Darman urging the release of the funds, Dr. Todd said, "It is expected that failure to release such funds *now* [emphasis his] will result in Medicare claims payment delays of up to 60 days." Dr. Todd also told Darman that, "A delay in releasing this appropriation to address identified needs also will be 'penny-wise and pound-foolish,' as it will result in Medicare facing need-less additional interest and administrative costs." ▲



James S. Todd, M.D., AMA executive vice president.

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex



Cook County Hospital

(continued from page 1)

the hospital in April 1990; the hospital's appeal to retain its accreditation was denied in December. The JCAHO Appeal Review Committee made the final decision to revoke the accreditation Jan. 18. The accreditation loss jeopardizes about \$90 million in state and federal funding, and in the future could jeopardize its residency programs.

Although the county submitted signed construction contracts for repairing the violations to JCAHO, Phelan said his hands were tied and he could not stave off the accreditation loss. "As far as the Joint Commission was concerned, they did not consider anything we gave them after the appeals process; it was all pre-appeal. The steps that we took really didn't affect the decision."

According to William F. Jessee, M.D., JCAHO vice president for accreditation surveys, the hospital might have retained its accreditation had signed contracts been submitted to the Joint Commission by the Sept. 15 deadline given to county officials during a summer appeals hearing. "But when Sept. 15 came, the county submitted yet another plan for fixing the hospital, not contracts to begin the work," Dr. Jessee said. By that time the board was "reluctant" to give the hospital more time, he noted.

"So little good faith had been shown in the past, I think the board

members weren't confident anything would be done," he said. "As for the contracts submitted in December [after Phelan took office], if I can infer the board's feeling, it's, 'We think this is good progress and we wish you good luck. When you've actually done something, come back to us.'"

Although "no one likes to see a hospital lose its accreditation," Dr. Jessee said he has seen "some good" come out of similar situations. "We've seen in other parts of the country that accreditation loss has worked as the final factor that galvanized the political apparatus to make serious changes," he said. "Maybe that will be the case here."

County officials can request a new survey to get the hospital reaccredited once the safety violations in the hospital's "A" Building and Children's Building are addressed, but Phelan said that would probably take at least six months. "These things take a long time; you have to go through quite a procedure," he said. "I'm not being optimistic. It's going to be six months, minimum."

And while Phelan said the hospital "absolutely will not close," county officials will be working hard to ensure that the more than 450 physicians in the hospital's training programs do not lose their certification. "We're going to be working very closely with the residency programs to make sure that they are not affected by the decision by the Joint Commission," he said. "We've already

contacted them and promised them we'll work with the Joint Commission, and we'll work with them and continue to improve our programs."

The County Board has already approved funding to put contractors to work correcting the violations. "Let no one doubt, Cook County and its hospital will continue to provide high-quality medical care to its people and, particularly, to those who are less privileged," Phelan said.

Ruth Rothstein, interim director of Cook County Hospital, said she and other officials will soon be meeting with representatives from the U.S. Health Care Financing Administration (HCFA) to discuss the hospital retaining its Medicaid and Medicare reimbursements, which total about \$90 million a year. She said she believes there may be some deficiencies that could jeopardize the funding, but could not speculate on what those deficiencies might be. Losing accreditation triggers a new HCFA survey, Rothstein said, adding that HCFA surveyed the hospital last year and Cook County received a passing grade, allowing it to retain its state and federal funding.

All necessary steps to correct the safety violations, including a study of the hospital's sprinkler system, are being taken, Rothstein said. "You don't always like being in a building with safety issues, but realistically, this has been going on for years," she said. "I think we're responding responsibly and appropriately."

Presenting his 1991 fiscal year

budget on Jan. 22, Phelan announced budget recommendations of \$41 million for the county's health facilities, as well as \$64.7 million for expenditures incurred this year renovating health care facilities, including the needed work on Cook County Hospital. An additional \$27 million will be spent on repairing and renovating Provident Medical Center, which Phelan said he hopes will open in early 1992. In addition to roof repairs and a fire safety system overhaul, "Extensive planning is required to insure that Provident meets the needs of South Side communities when it reopens," Phelan said in his budget message.

Phelan also proposed that the county retain the hospital's Breast and Cervical Cancer Screening Program, now funded by the National Cancer Institute. The program's aim is to educate women about the importance of breast and cervical cancer screening, teach breast self-examination and provide screening examinations and mammograms. Follow-up diagnosis and treatment also are provided. Federal funding for the program expires shortly, Phelan said, adding that \$197,353 should be added to this year's budget to continue the program.

Phelan included an additional \$500,000 in his budget recommendations to continue the county's Access to Care program that provides health care to low-income suburban Cook County residents. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Large south side practice is looking for energetic physicians to join a stable practice of twelve years. Looking for (1) family practitioner, (2) general practitioner, (3) pediatrician. Please respond in confidence to: P.O. Box 578, Chicago, IL 60617.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

St. Louis University Medical Center, HealthLine Physician Services division has full-time, part-time and locums opportunities available for the following specialties: emergency medicine, family practice, internal medicine, and others. Excellent income guaranteed, no capital investment. University-based or community settings. Professional liability insurance provided. Contact: Gerry Liebmann, 3663 Lindell, Suite 410, St. Louis, MO 63108; 1-800-443-3901.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

BC/BE family practitioners (full and part-time) for established practice in the western and northern Chicago suburbs. Salary guarantee plus incentive. Paid malpractice, flexible schedule. Evenings in Skokie and Hoffman Estates also available. Contact Barbara LaPiana, 708/634-4695.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Central Illinois—Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require emergency medicine or primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Cardiology. Be a part of a thriving invasive cardiology group practice located in southern Indiana. Affiliated with a 590-bed regional referral center. Competitive salary plus malpractice insurance and other physician perks. Send CV to Don Hoit, 12161 Lackland Rd., St. Louis, MO 63146 or call 1-800-336-3963.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, ophthalmic plastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgeon. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

ENT - Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General psychiatrist. A BC/BE general psychiatrist is needed to join a 210-provider, private multispecialty group practice associated with the University of Illinois, College of Medicine. Psychiatric division has a 20-member multidisciplinary team with five psychiatrists. Practice includes a combination of inpatient, out-patient and consultative services. Competitive salary, liberal fringe benefits and early partnership; malpractice coverage provided. Write including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 W. University Ave., Urbana, IL 61801; call collect 217/337-3417 or you may fax your CV to 217/337-3163.

Family practice—hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesotad Dr., Bloomington, MN 55435; 612/835-5123.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatrics and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/525-5643.

Michigan City, IN—seeking full-time and part-time emergency physicians for 99-bed, low volume hospital emergency department within hours drive of Chicago. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 20, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine—Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital—8 bed ICU—excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River-central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

Southwest Illinois—Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

BC/BE internist for rapidly growing ambulatory care service of university affiliated hospital. Responsibilities include ambulatory general internal medicine and admitting room. Also available is vacancy for candidate with interest/experience in inpatient geriatrics. Salary range starting at \$75,000-\$84,000. Excellent federal benefit package. Address CV to: Uma Sekar, M.D., Associate Chief of Staff/Ambulatory Care, Veterans Affairs Medical Center, 1900 E. Main, Danville, IL 61832.

Family practice, Denison, IA. Seeking two family practitioners to round out an active medical staff of five, serving town of 6,500 and county of 18,000. Weekend ER coverage provided by hospital. Excellent school system and 72-bed hospital located in this scenic western Iowa community. Contact Kip Ewen, Administrator, 712/263-5021 or 712/263-3830.

General practitioner for short-term full-time work in progressive southwest Illinois facility. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Southern Illinois, emergency medicine: steadily growing ER with 7,500 annual patient visits. Opportunity to develop occupational and industrial medicine program. Revenue sharing, administrative opportunity and strong medical staff support. Small private group emphasizing physician retention. For more information call Mary Zimmerman or Garry Scarato, M.D., medical director of emergency medical care. Please call collect 314/532-0766.

Internal medicine. Milwaukee is the location for this multispecialty practice. This 35-physician group includes 11 internists presently and seeks an additional associate. For further information please contact Gary Williams 1-800-544-6728.

Diagnostic radiologist sought. Opportunity exists for full-time or part-time board eligible/board certified diagnostic radiologist in a Chicago community hospital. Please contact Boris Marinberg, M.D., Chairman, Radiology, 312/521-1710, ext. 4100.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 12161 Lackland Rd., St. Louis, MO 63146, or call 1-800-336-3963.

BE/BC Allergist—Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Primary care physician: twelve month, full-time position for general medical care of university students at an ambulatory health facility beginning July 1, 1991. Side interest in sports medicine preferred. Primary care specialty training and certification preferred. Qualified applicants must have or be eligible for Illinois licensure. Liability covered. Hours 8-4:30 weekdays with limited call (telephone) one day/week. Send letter of interest and curriculum vitae to Rosemary B. Lane, M.D., M.P.H., Director, University Health Service, Northern Illinois University, DeKalb, IL 60115. 815/753-1311, by March 1, 1991. Northern Illinois University is an Equal Opportunity/Affirmative Action Employer.

Chairman, department of internal medicine—Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy, a major Chicago multisite medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication, and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

Chicago, IL—Emsco Management Services currently staffs eight emergency departments and four ambulatory care facilities within the metropolitan Chicago area. If you would like to become a member of a group committed to excellence, please call or send your CV for immediate consideration to: Diane Temple, 907 N. Elm St., Suite 301, Hinsdale, IL 60521, 708/654-0050.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Family practice. Sun belt, university town. Walk-in clinic, no weekends or calls. Well-trained personnel. New 200-bed hospital. Gross 300,000. Terms financing negotiable. 36-hour week. Beautiful home available. Call collect 612/474-6487.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Health clinic building, 4942 W. Division, Chicago. 6,000 square foot single story building with 3,000 mezzanine loft storage area. Fully demised space consists of central reception area, offices, examining rooms with plumbing, and public and employee bathrooms. Includes two fenced side lots. Located across the street from St. Anne's Hospital. 60,000 potential patients within walking distance. Two heat/air conditioning units. Recently redecorated. Available April 1, 1991. Call 312/561-6688, broker/owner.

Family practice. Net \$150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Practice for sale. 40-year established general practice. N.W. side in Chicago. Large active patient count. Grossing over \$200,000. 1,200 square feet of easy working space in one level atrium building with attractive lease. Four plumbed exam rooms, large MD office, fully equipped lab, large business office, 12-seat waiting room. Currently, 22 hours of office hours per week. Turnkey for right MD or small group. Contact H. Volk at 708/386-3951 or write P.O. Box 3753, Oak Park, IL 60303 for further information.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

For sale: two Hamilton examination tables with treatment cabinets and waste receptacles; one Hamilton laboratory table-cabinet; two upright balance scales; one Sanborn electrocardiograph; one Spencer monocular microscope and one six place Clay Adams centrifuge. All in good condition. B.H. Borum, M.D., Blandinsville, IL, tel: 309/652-3353.

X-ray machine sale. Includes table, fluoroscope, chest x-ray wall cassette rack, developing tank, assorted film cassettes, wall pass thru cabinet, more. Illinois state approved. Call 708/448-2273.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Custom computer graphic slides. For your next lecture, let us design your slides. As specialists in the medical photography field, we are experts in design, color, details, and backgrounds. Pick up and delivery available. Unbeatable prices. For information and sample slides call Phil, 312/508-0811.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

☐ Largest pool of available physicians in the nation

☐ Network of 7 regional offices nationwide

☐ Expertise that produces unparalleled results in recruiting quality physicians

☐ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

NEWLY PRACTICING
PHYSICIAN
D I S C O U N T

IF YOU ARE



REDUCES YOUR PROFESSIONAL LIABILITY
COSTS AS YOU ESTABLISH PRACTICE.

A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME, OR ENTERING A NEW PRACTICE SPECIALTY UPON COMPLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE MONTHS OF PRACTICE.

The Exchange is physician owned and operated, supported by a staff of insurance professionals. We provide superior advocacy service. We are committed to the Illinois physician.

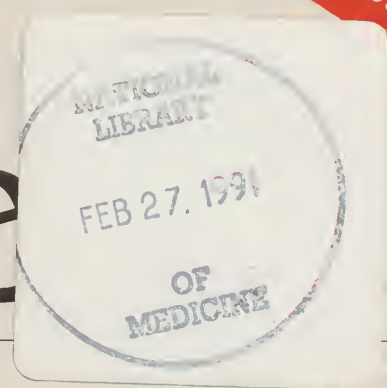
Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL



INTER-
INSURANCE
EXCHANGE

Illinois Medicine



Special
tobacco abuse issue

February 15, 1991

ILLINOIS STATE MEDICAL SOCIETY

Board OKs 1991 budget without dues increase as 'three year plan' moves to fourth year

THE ILLINOIS STATE Medical Society (ISMS) Board of Trustees at its January meeting gave its final stamp of approval to the 1991 budget, authorizing a financial program that extends the 1988 "three year dues plan" into a fourth year.

Both projected revenues and expenses for 1991 were up slightly over 1990 budget figures. The board projects revenues of \$5,963,503, an increase of 2.8 percent over 1990, while expenses will total \$5,960,586, a 2.9 percent increase over the previous year. The resulting net revenue over expenses, when combined with surplus funds from 1989 and 1990, are sufficient to allow the board to avoid a resolution to increase ISMS annual dues in 1992, as was originally planned. "In both 1989 and 1990 we ended the year with surplus funds," said ISMS Treasurer Alfred J. Clementi, M.D.

"In 1989 we carried forward \$146,000 and we anticipate our year-end figures for 1990 will show a surplus of \$75,000. These sums, along

(continued on page 14)

IDPH tunes up AIDS messages for teens

by Tamara Strom

IF YOU WANT teen-agers to pay attention to what you have to say, using music is a good way to do it. At least that's what Illinois Department of Public Health (IDPH) officials hope will be the case.

The department's new "Wanna Have the Time of Your Life?" educational campaign is a three-month program that rewards teens around the state with tickets to free concerts and dance parties for learning how the HIV virus is spread. The promotional effort is geared toward showing teens that they can be responsible and still have fun, said John R. Lumpkin, M.D., who unveiled his first public health program as IDPH director at a Jan. 31 Chicago news conference.

"By bringing hard-hitting messages directly to teens through venues that already play an active role in their lives, we hope to overcome some of the denial that typically clouds those messages," he said. "That's what our campaign is all about."

The new campaign is the first of what Dr. Lumpkin hopes will be frequent public-private partnerships to fund health education programs. Three Top-40 pop acts - Cathy Dennis, Timmy T and Gerardo - entertained about 1,000 Illinois teens who won tickets to a free Feb. 10 afternoon concert at Chicago's Park West nightclub by passing IDPH's AIDS quiz at their schools. The entertain-



IDPH Director John R. Lumpkin, M.D. (above center), accepts a sweat shirt making him an honorary member of the Kankakee Teen AIDS Prevention (TAP) program from two student members of the group. Neon-colored posters (right) with the theme "Wanna Have the Time of Your Life?" will be distributed to Illinois high schools to promote IDPH's new teen AIDS program.

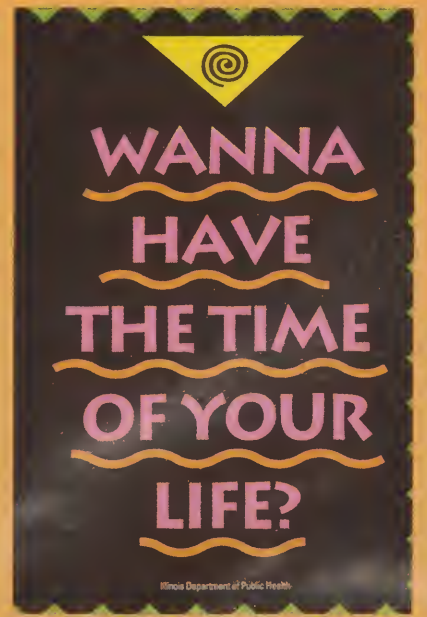


Photo: Wm. Daniels/The Photo Partners

ers donated their time, JAM Productions donated the resources to produce the show and WBBM-FM, "B-96," a favorite of teen listeners, devoted a week's worth of public service announcement airtime to every-hour-on-the-hour AIDS educational messages. Other musical events will be held around the state as the program progresses, Dr. Lumpkin said.

Teen-agers are particularly at risk for AIDS because they are becoming increasingly sexually active, Dr. Lumpkin said. By the age of 16 one in two teen-agers will have had sex at least once, he said, adding that of

those teens who have sex, every 30 seconds one will become pregnant and every 13 seconds one will get a sexually transmitted disease. "If that sexually transmitted disease happens to be AIDS, within a period of five to 10 years, 62 percent of them will be dead," he noted.

Because teen-agers are "setting the pattern for their adult lives," public health officials must reach them with critical messages about the health choices that could affect them later in life, Dr. Lumpkin said. Public

(continued on page 14)

Hospitals continue push for smoke-free environments

by Stacie Crozier

THE breeze that blew across the state last July as the Illinois Clean Indoor Air Act took effect was a breath of fresh air to many, a chilling wind of change to others.



ELA Design

Before restrictions on smoking in many public buildings became the law, however, hospitals statewide were taking the initiative in establishing smoke-free environments for their patients and employees. Last March, an *Illinois Medicine* survey listed 26 hospitals with smoke-free environments (defined as a total ban on smoking throughout the facility except where the mental health area is a separate facility, or when a physician has given written

authorization for a patient to smoke). More than 50 hospitals reported partial restrictions on smoking and less than 10 of the hospitals surveyed reported they had no formal smoking policy.

A random sampling last month of some Illinois hospitals indicates that eight months after the Clean Indoor Air Act became law hospitals have shifted their policies, either going smoke-free or initiating more restrictive policies. One smoke-free

hospital instituted more stringent smoking curbs that encompass hospital grounds while two hospitals, formerly smoke-free, have relaxed their smoking restrictions.

Rockford hospitals declare 'independence'

Declaring their "independence from smoking" on July 4, three Rockford hospitals - Rockford

(continued on page 9)

In this issue

News briefs 2
SIU opens Auburn
Medical Center 2
Edgar transition team
report urges reforms 3

Exchange seminar examines
infant brain injuries 6
Smokeless tobacco use up .. 9
Chicago tobacco
sales ordinance 10

UNIQUE 3 DIGIT 200
NATIONAL LIB OF MED
IS-INDEXED
8600 ROCKFORD PIKE
MD 20014

News Briefs

AMA cuts Chicago staff

The American Medical Association (AMA) made good on its promise to streamline operations by eliminating 90 staff positions at its Chicago headquarters effective Feb. 1.

Of the 90 positions cut, only 36 resulted in actual layoffs; the remaining 54 jobs were vacant positions that will not be refilled. The cutbacks ran across all levels of the association from clerical staff to professional positions, according to an AMA spokesman.

In a letter to AMA employees detailing the staff reductions, Executive Vice President James S. Todd, M.D., said the action will eliminate redundancy and increase efficiency. In some instances, he said, more than one AMA employee was doing essentially the same job.

In addition, the cutbacks allow remaining employees to focus on priority activities as set down by the association, Dr. Todd said. At present, AMA employs 1,143 people.

OMB releases funds for Medicare claims

Responding to protests from health care representatives, senior citizen groups and members of Congress, the U.S. Office of Management and Budget (OMB) on Jan. 29 released \$75 million in contingency funds to the Health Care Financing Administration (HCFA) for Medicare claims processing.

Last month, HCFA projected a \$101.3 million shortfall in Medicare funding from fiscal 1991. The shortfall would occur, HCFA said, because there had been an 8.1 percent increase in projected claim volume. Also contributing to the shortfall was the cost of implementing more than 40 regulatory changes mandated by the Omnibus Reconciliation Act of 1990. Contingency funds are held in reserve to cover Medicare claims for carriers in the event that program costs exceed appropriations. Congress appropriated \$133.1 million to this year's Medicare contingency fund to cover such a possibility, but OMB was refusing to release any of the money.

Although HCFA had originally requested that OMB release enough funds to cover the entire projected shortfall, the \$75 million will "allow us to meet our statutory requirements on reimbursements for services," said a HCFA spokesman. "We will be able to pay our participating doctors within the required 17 days, and in 24 days for our non-participating doctors."

Notices sent to Illinois physicians last month predicted substantial backlogs would begin to build and non-electronic claims would be processed only as funds permitted. The transfer of funds removes the possibility that physicians would have to wait up to two months for Medicare reimbursements, as was feared when OMB delayed the contingency monies.

Daley appoints Chicago health commissioner

Two and a half weeks before the Chicago Democratic mayoral primary, Mayor Richard M. Daley shored up what his opponents called one of his principal weaknesses: He appointed Sister Sheila Lyne, R.S.M., the city's new health commissioner on Feb. 7. Chicago has not had a permanent commissioner since April 1989.

A Chicago Board of Health member, Sister Sheila had been acting as a deputy health commissioner, while also serving as president of Mercy Hospital and Medical Center on the city's South Side. After accepting the new post, Sister Sheila resigned from Mercy Hospital. The appointment requires City Council confirmation.

Daley's opponents, Cook County Commissioner Danny Davis and former Chicago Mayor Jane Byrne, both immediately criticized the mayor's choice, saying Chicago's public health head should be a physician.

Daley said Sister Sheila's "background in mental health, clinic operations and health administration makes her an excellent candidate for this important position." ▲

— Compiled by Tamara Strom



Chris Young/State Journal-Register

Two pediatricians and other specialists from SIU School of Medicine, Springfield, will treat local residents at the new Auburn Medical Center.

SIU opens Auburn Medical Center

by Sean McMahan

ACCESS TO HEALTH care in downstate Auburn may have improved slightly with the recent opening of a clinic in a building previously owned by one of the town's two practicing physicians. Southern Illinois University (SIU) School of Medicine officials announced establishment of the Auburn Medical Center at a Jan. 31 news conference in Auburn that was attended by local government officials.

"We in the city of Auburn are fortunate when we realize the quality of rural health care across the nation and across Illinois," said Auburn Mayor George Brown.

"Health care in a community is certainly one of the top five things, if not one of the top three, that people look for in quality of life when looking for a place to live and to work," said State Rep. Karen Hasara (R-Springfield). Hasara was a co-sponsor of rural health legislation that cleared the General Assembly last summer and was signed into law in September. The law authorizes support for new and existing health care centers, although the legislature has yet to fund the program.

"Auburn presents us with a wonderful chance to try another way of providing quality health care as well as training opportunities away from the traditional medical center," said Richard H. Moy, M.D., medical school dean and provost.

Auburn Medical Center, located in Sangamon County about 20 miles south of Springfield, will initially be staffed by two assistant professors of pediatrics from the medical school. Medical Director Jerie Beth Karkos, M.D., previously spent seven years in private practice in Virden, in Macoupin County. Steven R. Bowers, M.D., joined the SIU faculty in 1990. Specialists from SIU will also see patients at the medical center. Romesh Khadori, M.D., a specialist in diabetes, endocrinology/metabolism and nutrition, is the first specialist to agree to practice at the center.

In addition, general internists from the school's internal medicine

department will provide primary care to adults. Medical students and residents completing advanced training will also work rotations at the center under faculty supervision.

"[SIU] has always looked for ways to combine local health care needs with our educational mandate," Dr. Moy said. "In recent years, we began to see a pattern taking shape. There are some areas of the state in which our graduates are not successfully setting up practices. They either don't go to them or they go there and they leave" because of

problems such as inadequate Medicare and Medicaid reimbursement and problems with local hospitals.

The medical school has signed a three-year lease with an option to purchase the Auburn Medical Center building. Its former occupant, Ocal Eastham, M.D., was a volunteer faculty member at SIU School of

Medicine for 18 years. His son, an emergency medicine specialist in Fresno, Calif., is a 1986 graduate of the medical school. At the time of his death more than a year ago, Dr. Eastham was one of two practicing physicians in Auburn.

Ray Robertson, SIU medical school assistant provost, said negotiations to open the Auburn clinic lasted six to 10 months. While the town had one physician and other doctors in surrounding communities, he said the area still had major health needs, especially pediatric care. "We try to be very careful. Our intention is to work with local physicians," he said. Robertson said, however, that he did not know whether Auburn's other practicing physician had been informed of the school's plans to open the clinic. The physician, whose specialty is family practice, declined comment for this story.

Robertson said that similar clinics have been established in two other Illinois communities: an internal medicine clinic in Girard, in neighboring Macoupin County; and a family practice clinic in Sesser, in Franklin County. Auburn Medical Center will be open 9 a.m. to 5 p.m. five days a week and staffed by three nurses and two secretaries. ▲



Physician Facts

Smokeless tobacco use

Top 10 states vs. Illinois

Percentage of males 16 and over using smokeless tobacco



Source: American Academy of Otolaryngology, 1990

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Edgar transition team report calls for health care reforms

by Kevin O'Brien

THE STATE'S health care system must be reformed to emphasize preventive measures, community-based and accessible services, and coordination of health and social services, said Gov. Jim Edgar's transition committee co-chairs in a memo accompanying the transition report.

"I appreciate the diligent, thoughtful effort by this committee and will use its recommendations to stimulate and guide initiatives that must be launched if Illinois and its people are to fully realize their great potential," Edgar said.

The full report, which has not yet been released, was forwarded to the governor on Jan. 28. It calls for establishing an office to coordinate substance abuse efforts in Illinois and the cleanup of the state's estimated 900 hazardous waste sites.

Other recommendations encompass education, fiscal management, economic development, changes in the state personnel system, and affirmative action and non-discrimination in employment, credit, housing and access to services, according to the memo.

The transition team was co-chaired by Lt. Gov. Bob Kustra; Stanley O. Ikenberry, president of the University of Illinois; Nancy B. Jefferson, chairman and chief executive officer of the Midwest Community Council, an influential community group on Chicago's West Side; and William L. Weiss, chairman and chief executive officer of Ameritech. Illinois State Medical Society Executive Vice President Alexander R. Lerner served on the team and chaired the personnel committee.

"Our health care system has to be revised," the memo said. "The emphasis in health care must be on primary/preventive services to keep people healthy and families together." The memo called for a health care system "integrated into a community-based and accessible social services system" because "it is unusual for any family to have a single isolated problem."

Health care recommendations

To achieve these goals, the committee in an addendum to their memo made three specific recommendations. First, they called on the governor to instruct appropriate department heads and officials in the governor's office to develop a strategy for establishing "integrated accessible health services tied to a supportive human services delivery network." Such issues as housing, substance abuse, child welfare and maximization of available federal funds should be addressed, the memo said, in a way that will produce a "coordinated, interagency, community service delivery model."

Second, the report recommended that the state's public health care reimbursement system be redesigned "to control costs and to expand coverage," while "minimiz(ing) governmental involvement in the health care delivery system." The memo suggested a one-year deadline for the directors of public aid and public health, representatives of other

appropriate state agencies and the Bureau of the Budget, and a group of health care experts to redesign the system so that next year's "Medicaid contracts can reflect dramatic changes in the delivery and reimbursement systems."

Third, the report called for the creation of more preventive health care services at the community level to keep the redesigned system from becoming too expensive. "Shifting resources into an early point in the health care system will save money in later years as people stay healthy, rather than being critically and expensively ill because of undiagnosed

diseases and unhealthy lifestyles," the memo concluded.

Drug war coordinator

The transition team suggested that the governor aggressively attack Illinois' substance abuse problem. They recommended he appoint a Drug Council of recognized experts to design a substance abuse program to enforce existing laws, provide preventive education targeted to children, and treat and rehabilitate users. They called for the establishment of specific annual and four-year goals for the plan.

They also recommended appointment of a drug war coordinator, reporting directly to the governor, to work with the Drug Council from its inception and to implement the substance abuse plan that is developed.

Moreover, the report said the drug plan and the coordinator's efforts should be integrated with the new health care delivery system design.

Hazardous waste cleanup

The memo also called on the governor, through consultation with industry, local governments and the General Assembly, to develop a plan to clean up the more than 900 hazardous waste sites in Illinois. "Their very existence is a threat to our lives and those of our children and grandchildren and also a potential deterrent to future economic growth," the memo said. The memo noted, however, that, as with other initiatives, "Possibly the most difficult task will then be to identify an equitable source of revenue to implement this plan." ▲

Blue Cross[®] Blue Shield[®] REPORT FOR *Illinois Physicians*




BCBSI handles your call faster with the VRU

Blue Cross and Blue Shield of Illinois (BCBSI) recently introduced a new inquiry service to providers -- the **Voice Response Unit**, a pre-recorded voice response system -- to efficiently respond to your routine membership verification and claim status inquiries. For more complex inquiries, BCBSI service representatives are always available to answer your inquiry.

All you need to use the VRU is your patient's group and membership numbers -- both available on BCBSI insurance cards and shown below -- and your Blue Shield Provider Number.

(1) Membership number

(2) Group number

		Blue Cross Blue Shield of Illinois CHICAGO, ILLINOIS	
(1)	Identification No.	12345-6789	
(2)	Group No.	12345	BS Plan Code 621 BC Plan Code 121

Telephone calls to BCBSI's Provider Assistance Unit (312) 938-7340 are automatically forwarded to the VRU, however, callers always have the option of speaking with a service representative if they wish. Callers to the VRU may make as many as three membership verification or claim status inquiries per telephone call, and, next month, benefit information will be available when calling the VRU.

(2/15/91)

Editorials

Health care dollars
going up in smoke

Whose fault is it, really, that the American health care system is in the shape it's in? Consumer groups and the media tend to lump hospitals, insurance companies, drug manufacturers and physicians together into one large "THEM" – health care providers – responsible for everything from rising costs to lack of access. Physicians, on the other hand, blame the plaintiffs' bar, third party payers and "those idiots in Washington" for the rising cost of professional liability, interference in the doctor-patient relationship and hassles.

In truth, we're all responsible and we all pay. And it's time that the patient accepted some of the responsibility for both health and costs. In particular, patients who smoke or use smokeless tobacco need to be taught how their habits affect their health.

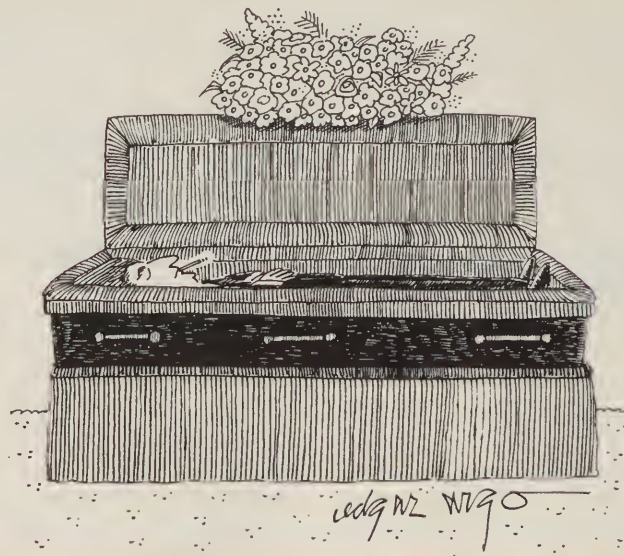
Tobacco kills. It cripples and it maims. It destroys productivity and sucks enjoyment from the lives of those addicted to it. The act of smoking is more than offensive to those around the smoker; recent evidence suggests secondhand smoke is almost as harmful as inhaled smoke. Smokeless tobacco has its own dire consequences, including some of the most disfiguring surgery known to the profession. Inasmuch as tobacco-related disease is preventable, should our attitude toward treating these diseases and their aftermaths be different?

The health care plan proposed in Oregon "rations" medical treatment by prioritizing the care delivered according to community values. Shouldn't one of those values be prevention? Should an already overburdened health care system provide the same degree of support, care and health dollars to patients whose disease is willfully acquired?

For example, should the system pay for a lung transplant for the patient who attempts to light up in the Intensive Care Unit? Or one who continues to smoke cigarettes after his emphysema is diagnosed, and after his family, his physicians and his priest have all counseled him about the deadly consequences of not quitting?

Any use of tobacco is misuse. It has no redeeming or therapeutic value in any of its forms. Beyond the unpleasantness, the annoyance to others, the waste of money, tobacco is a deadly addiction with profoundly negative health consequences.

Preventing disease is as important as treating or curing it. Fish oil and oat bran aside, preventive medicine can work. All patients, no matter their age, should be queried about tobacco use, provided with direct and graphic information about the consequences of tobacco abuse and supported by their physicians with every means to quit. Automobile seat belts, infant car seats and air bags have saved many lives on Illinois highways. It's time to start saving some lives in Illinois doctors' offices. ▲



President's Column

Another
fine mess

James H.
Andersen,
M.D.

Anyone tempted to believe for even a minute in the future of the Canadian-style universal health proposal now before the Illinois General Assembly is invited to review the latest snafu in Medicare. As Oliver Hardy used to say to Stan Laurel, "Here's another fine mess you've gotten us into!"

According to a notice from the Health Care Service Corp. (HCSC), the Illinois contractor for Medicare Part B, also known as Blue Cross and Blue Shield of Illinois, the Health Care Financing Administration in Washington projects a "significant" shortfall in funding for Medicare contractors this fiscal year.

The state contractors were instructed by Washington to "absorb this shortfall without a loss of quality." The thinking behind this direction boggles the mind.

Could any other industry be expected to continue to produce with no negative impact on quality if income were slashed?

Would any other industry even be expected to try? Could General Motors continue to produce quality automobiles without paying the steel factories, the tire manufacturers, the vendors who make and supply systems and parts? Could the factory be expected to turn out quality cars and trucks if the people who worked there, from managers to assembly line workers, were told it might take 70 days to get last week's pay to them? Don't you think it reasonable to expect that quality might suffer?

But let's leave that notion aside for a moment. The HCSC notice told physicians that because of the funding shortfall, timeliness standards would be waived and substantial backlogs would begin to build. This is another skewed response to the crisis – please note that no money is being saved if bills are not paid. Putting the claims in a pile and ignoring them for 70 days, or even 70 years, will not neutralize the government's obligation to pay. It simply (and once again) shifts the burden from the payer, Medicare, to the provider, the physician or the hospital.

The backlog, however, was to be a very special one – it was to be a pa-

per claim backlog. Electronic claims, the notice said, would continue to be handled within the current timeliness parameters – 17 days for participating and 24 days for non-participating providers. Paper claims, it said, would be handled "as funds permit."

The smart physician, of course, can read and understand sufficiently well to grasp the message between the lines: If you submit electronic claims, you can expect payment. If you submit paper claims, you can expect to spend a lot of time watching the mailman deliver lots of other things – but not checks.

The smart physician with a memory will recall that the U.S. Office of Management and Budget (OMB) has proposed not once but twice to charge a \$1 fee for each non-electronic claim submitted.

The Illinois physicians who decided to convert to electronic claim processing for the many benefits therein were given a phone number to call for information from the Medicare contractor about the system. One doctor I spoke to had spent the better part of the day dialing, to no avail. No one answered.

And it's to this kind of bureaucracy that some activist groups want to hand over the entire health system, under the guise of providing "free" health care for all. It's been said that one of the biggest lies in the world is, "I'm from the government and I'm here to help you." What will happen when it becomes, "I'm from the government and I'm here to make you healthy"?

The OMB has since released \$75 million to cover the shortfall. But what if OMB had not released the money? Talk about a fine mess!

James H. Andersen, M.D.
President

Illinois Medicine

VOLUME 3, NUMBER 3

FEBRUARY 15, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

James H. Andersen, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board

Illinois Medicine Committee

Joel E. Cummings, M.D., Chairman
H. Constance Bonbreast, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Romen, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carle J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.

LETTERS TO THE EDITOR

Organized medicine needs support

"In OBRA-91, it may be your ox getting gored." Dr. Andersen's candid

message in the Dec. 21 issue of *Illinois Medicine* points out clearly one of the menaces the medical profession is facing and the need for a stronger organized medicine.

However, the prevailing mentality is, "I am practicing medicine, I don't have any time," or worse yet, "As long as it does not affect me, why should I bother?" This way of thinking may eventually come to haunt us all.

The public expects access to quality medical care (which is unquestionably the best in the world). At the same time there is a gradual cut-back in resources that pay for these services, thanks (!) to OBRA-90, which purports to reduce the budget deficit (approved by the same House

members who gave themselves a 30 percent pay raise from \$96,600 to \$125,100 per year effective Jan. 1). Its first victims are the RAPs (radiologists, anesthesiologists and pathologists), the next victims are most probably the GISs (gynecologists, internists and surgeons) and eventually the entire medical profession.

On one hand, there is a gradual but constant reduction in health care-related financial resources, and the concomitant pressure by the third party payers on the physicians to reduce the health care costs. On the other hand, the public demand for the highest quality medical care available to all and (the current) penchant for litigation at the drop of a hat have put the medical profes-

sion in the most unenviable position.

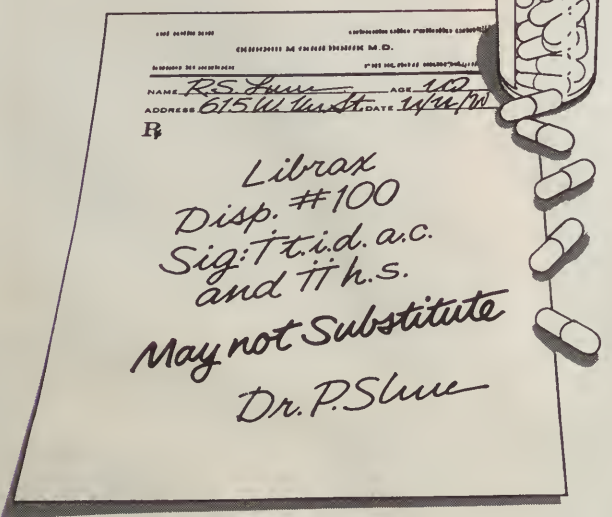
The medical profession is not bewildered or demoralized yet, but the physicians are frustrated, dejected and dispirited. Only a concerted effort by physicians and a strong organized medicine will be able to create an environment where there may be some hope, however slim it is, to challenge such an onslaught of menacing propositions.

I wholeheartedly support what Dr. Andersen said - to join the "bus" of organized medicine. And I would like to add, don't go by yourself taking a "cab" - the cost may be prohibitive.

Biswamay Ray, M.D.
Oak Brook

Specify Adjunctive

LIBRAX®



Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

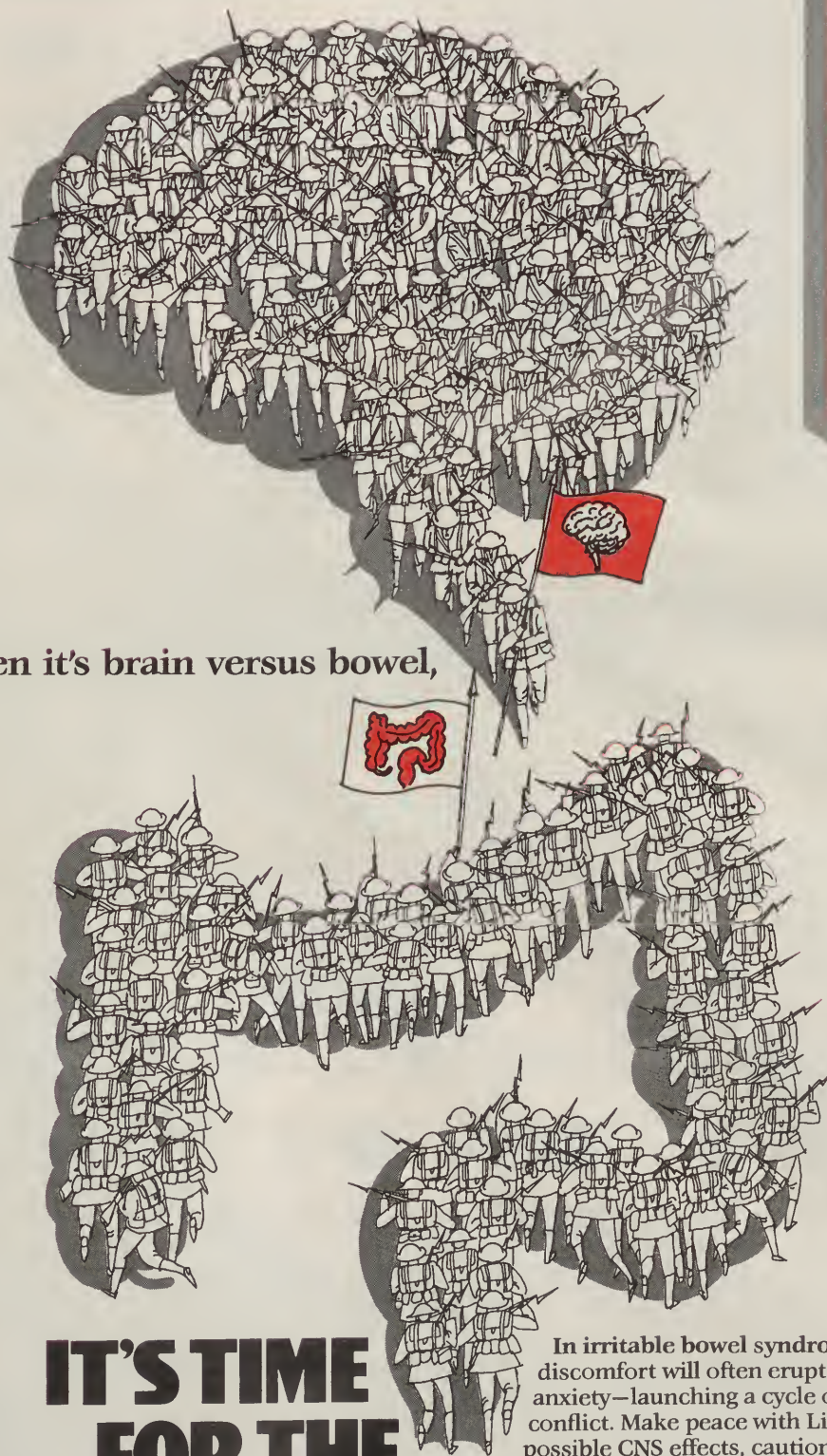
Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur.
Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

P.I. 0288



In IBS,* when it's brain versus bowel,

IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1989 by Roche Products Inc. All rights reserved.

Seminar examines ways to reduce malpractice risk from infant brain injuries

MEDICAL AND LEGAL experts will discuss the origins of infant neurological disorders and steps physicians can take to minimize the malpractice risk associated with these conditions at a seminar titled, "Malpractice Dilemma: Brain-Injured Babies - Who is to Blame?"

The day-long program, sponsored by the Illinois State Medical Society in conjunction with the Illinois State Medical Inter-Insurance Exchange Risk Management Committee, will

be held from 8 a.m. to 4 p.m. March 2 at the Fairmont Hotel at Illinois Center, Chicago.

"The seminar is the first planned by the Risk Management Committee to address high-risk situations that have resulted in a high number of costly claims for physicians," said Jere E. Freidheim, M.D., committee chairman. "Physicians will learn to identify situations that can engender malpractice claims and to develop strategies to minimize risk."



M. LeRoy Sprang, M.D.

"Obstetrics claims are the most frequent and most costly malpractice



Jere E. Freidheim, M.D.

claims," said M. LeRoy Sprang, M.D., chairman of the Exchange Risk Management Subcommittee on Obstetrics and Gynecology and seminar moderator. "Plaintiffs often attribute their poor pregnancy outcomes to a failure by physicians and others to recognize and act on fetal hypoxia during labor and delivery. In most cases, the injury occurred earlier in the pregnancy or in the neonatal period."

Seminar speakers will examine maternal/fetal risk assessment, diagnosis of conditions that can cause neurological impairment, documentation and defense strategies, and how these tasks can help minimize or prevent malpractice claims. "The seminar approaches the subject from a variety of perspectives, which makes it useful to many specialists," Dr. Sprang added. The program is approved for six hours of Category 1 continuing medical education credit.

Seminar speakers include Curtis Cetrulo, M.D., professor of obstetrics and gynecology at Tufts University School of Medicine and director of maternal/fetal medicine at St. Margaret's Hospital for Women in Boston; Steven M. Donn, M.D., professor of pediatrics at the University of Michigan Medical School and medical director of Holden Neonatal Intensive Care Unit, University of Michigan Medical Center, Ann Arbor; James R. Hutchison, M.D., chairman of the American College of Obstetricians and Gynecologists' Committee on Professional Liability and medical director of the obstetrics and gynecology department at Presbyterian Hospital, Albuquerque; Celia I. Kaye, M.D., Ph.D., professor and deputy chairman of pediatrics, University of Texas Health Sciences Center, San Antonio; Richard L. Naeye, M.D., professor and chairman of the pathology department of Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey; and William O'Leary, J.D., defense attorney, Kitch, Saubier, Drutchas, Wagner & Kenny, P.C., Detroit.

A brochure with advance registration information was mailed to Exchange policyholders in related specialties at the end of January. The deadline for advance registration by mail is Feb. 22. Registration is \$50 for Exchange members and \$100 for other registrants. The seminar is free to medical residents, but they must register in advance. ▲

Taking The Mystery Out of Long Term Disability



"Holmes, here's a **Long Term Disability Plan** that pays up to \$10,000 per month without taking anything away from the benefits paid by my other plans," Doctor Watson declared.

"Why, that's amazing," Holmes rejoined.

"That's not all, Holmes," Doctor Watson replied. "This Plan even pays for *partial* disability. The period of partial disability counts toward the waiting period if I later become totally disabled."

"Incredible, Watson."

"What's more incredible is it's only test for disability is the inability to perform my own medical specialty."

"How's that possible, Doctor Watson? Your specialty is mystery!"

"Elementary, my dear Holmes. After all, it's just what the doctors ordered!"

There's no mystery to obtaining Long Term Disability protection at low cost group rates from your medical society. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the **PBT Long Term Disability Plan** sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

For further information contact the Exchange risk management department at (312) 782-2749.

A BRIGHT IDEA TO START WITH...



180mg
Calan[®] SR
(verapamil HCl) 180 mg
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

SEARLE

G.D. Searle & Co.
Box 5110 Chicago, IL 60680

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

The American Cancer Society (ACS) calls smoking "the single most important, preventable cause of death," and estimates that smoking is a factor in 390,000 deaths each year. Is there a link between smoking and medical liability suits? At first glance one may not be apparent, but a patient's smoking habits can contribute to conditions that sometimes lead to suits. Actions alleging failure to diagnose, delay in treatment and breach of the standard of care may arise in cases in which smoking was a factor in the patient's underlying condition. Even though a physician may not be found liable, he or she will incur legal costs and absorb the accompanying stresses and time demands of resolving the action. The following two cases are examples.

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

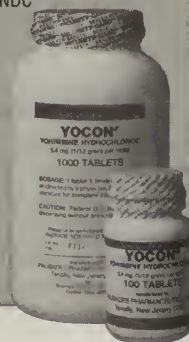
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Case #1

Presenting complaint and initial diagnosis — A 52-year-old woman who had been seeing her family physician regularly for six years for recurring respiratory problems came to the office complaining that her chronic cough was worse and that she was coughing up blood.

The case in brief — The physician, who had been treating her respiratory problems with cough remedies, expectorants and anti-asthma preparations, suspected a more serious problem and referred her to a surgeon. The surgeon ordered x-rays, performed a bronchoscopy and scalene node biopsy and diagnosed bronchiogenic carcinoma of the left upper lobe. A left thoracotomy was performed, cancer was confirmed and cobalt treatment was initiated. The cancer spread to the brain, however, and the patient died.

The resulting claim — The husband of the patient sued the family physician for failure to diagnose lung cancer.

The outcome of the claim — The family physician testified he had repeatedly urged the woman to have chest x-rays but she had failed to do so. His records documented this. The patient had a history of heavy cigarette smoking and he had diagnosed pulmonary emphysema five years earlier. The case was settled for \$6,000 before trial.

Case #2

Presenting complaint and initial diagnosis — An obese 57-year-old male with acute congestive heart failure, acute pulmonary edema and acute myocardial infarction was hospitalized by his internist. A surgeon who saw the patient recommended he undergo a quadruple aortic coronary bypass graft with insertion of an epicardial pacemaker.

The case in brief — The bypass was successfully performed and the pacemaker inserted. The patient, a heavy smoker, continued to see the internist. When he developed a cough, the physician prescribed a cough medication that can cause extra heartbeats. Within a short time, he also prescribed an anti-angina medication that slows down the heart. Subsequently, the patient developed ventricular fibrillation, was hospitalized and died.

The resulting claim — The family of the patient sued the internist for improper treatment resulting in death.

The outcome of the claim — The physician was not found liable. Consultants said that while the combination of drugs might possibly have caused the patient's problems, it was unlikely this was the cause of death. The true cause of death was underlying coronary heart disease, stemming from the patient's obesity and his history of heavy smoking.

The points these cases make — How much responsibility should a physician assume in urging a patient to abandon habits known to threaten

health? The ACS says that smoking is a precipitating factor in 83 percent of all lung cancer deaths and also is implicated in cancers of the mouth, larynx, pharynx, bladder and pancreas. Smoking is a major cause of heart disease, colds, gastric ulcers, chronic bronchitis, emphysema and cerebrovascular disease.

Smoking is an addiction. Many patients will continue to smoke in spite of all warnings of the risk to their health and longevity. Physicians, however, should continue to actively discourage patients from smoking and should document those efforts in the medical record. Here are some ways physicians can discourage patients from smoking:

- Advise all patients that smoking creates serious health problems and can lead to death.

- Point out health problems a patient has that may be related to smoking or that are exacerbated by smoking.

- Provide printed educational materials on the dangers of smoking from sources such as the ACS, the American Medical Association, the American Lung Association and medical specialty societies.

- Encourage patients to quit. A physician might write a "prescription" to stop smoking for a patient to underscore that this is a health recommendation. Note this discussion in the chart.

- Give smokers specific suggestions and guidance on how to stop smoking or where to find help to do so. Be aware of community-based smoking cessation programs.

- Incorporate into the patient's record a document, signed by the patient, that indicates the dangers to the patient's health were discussed.

- Follow up on a patient's progress in stopping smoking.

- Set a good example. Don't smoke. Maintain a smoke-free office.

Illinois State Medical Inter-Insurance Exchange advisers suggest that not only will such actions help patients avoid future health problems and minimize some existing ones, but they could minimize your exposure to a smoking-related liability claim. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

ISMS offers reservists dues break

ILLINOIS STATE Medical Society (ISMS) physician reservists who are called to active duty can receive a waiver of their 1991 membership dues. The American Medical Association (AMA) has also announced it will waive 1991 dues, said an AMA spokesman.

ISMS members must notify the membership department of their active-duty status, preferably in writing, to receive a refund of ISMS, AMA and county medical society dues.

Physician reservists on active duty who are members of the Illinois State Medical Inter-Insurance Exchange can place their policies on Suspended Coverage. No premium charges will be assessed and policies may remain suspended as long as necessary. ▲

Smokeless tobacco use up among teens

by Tamara Strom

AMERICA'S well-publicized war on drugs seems to be missing nearly 3 million children



who have quietly entered the drug-using ranks by becoming addicted to smokeless tobacco. Many begin using smokeless as early as the second, third and fourth grades.

"Smokeless is available to kids at an earlier age than cigarettes," said Luke Burchard, M.D., a Mattoon family physician who also sits on the board of directors of Doctors Ought to Care, a physician group aimed at curbing lifestyle-related health problems such as smoking-induced disease, sexually transmitted diseases and teen-age pregnancy. "Sometimes it's passed down to them by siblings. For a lot of youngsters, smokeless is their gateway drug. Many children graduate on to smoking. We've got to stop this first step."

So while adults across the nation are kicking the habit and giving up their nicotine dependencies, children are doing just the opposite. Smokeless tobacco use is on the rise in Illinois and across the nation. According to Illinois Department of Public Health (IDPH) figures, nearly half of all high-school-age males across the state have tried using smokeless tobacco in some form, whether "chew," "dip" or "snuff."

About 16 percent of Illinois high school juniors are regular users; the figure goes up to 28 percent in rural communities, said Maureen Zimmerman, program coordinator for IDPH's Division of Dental Health. "Smokeless tobacco use is a severe problem in Illinois, particularly in rural areas," she said. "More adolescents use smokeless than smoke. In addition, the numbers sharply rise for use among children between the seventh and ninth grades."

Smokeless use skyrocketed in the '80s

"Unfortunately, we're seeing it more and more," said Dr. Burchard. "We've got junior high and high school kids with precancerous lesions that we have to refer for biopsies. It's always in kids who use

smokeless. The correlation is 100 percent."

An "explosion" in smokeless use among adolescents occurred in the mid-'80s, when tobacco companies began airing advertisements for chewing tobacco and snuff featuring football heroes Earl Campbell, Larry Csonka and Jim Kiick, Dr. Burchard noted. "It was a fast, quick flurry of commercials and they were only on the air for about eight months," he said. "But, boy, did they do some damage. Consumption went through the ceiling."

Billboards advertising tobacco products also were more visible during this time, Dr. Burchard said, although when new laws forced companies to include the U.S. Surgeon General's warning in advertisements, billboards for smokeless products "tailed off." But teen-agers still see athletes openly using smokeless tobacco on the playing field and it is a powerful incentive to try it, Dr. Burchard said, adding that "it's an absolute shame" athletes have been used to push smokeless products.

"Kids correlate smokeless with athletic ability," he said, noting that junior and senior high school athletes often think they have to use smokeless to compete well. "They see the pros do it, so they figure it's OK. During a Saturday afternoon baseball 'game of the week,' athletes are constantly seen with a wad of tobacco in their mouths. Thousands of kids see this. It's a big commercial for the use of smokeless tobacco."

In addition to the alarming rise in smokeless use, Dr. Burchard said he is dismayed that so many adolescents believe chewing and dipping are safe alternatives to smoking. That assumption could not be farther from the truth, he said. "From a harm standpoint, you have to consider that the carcinogen in smokeless is concentrated to the person's favorite spot for placing the tobacco," Dr. Burchard said. "The poison is concentrated. Contrast that with smoking, where the nicotine is distributed throughout the bronchial system." In addition, smokeless products are loaded with sugar and salt, causing additional health problems such as cavities, periodontal disease and hypertension.

It's not that public health officials aren't trying to get the word out that smokeless is dangerous. The

American Academy of Otolaryngology - Head and Neck Surgery launched a public education campaign, "Through with Chew" week, Feb. 25 - March 1. The date coincides with the anniversary of the death of Sean Marsee, an Oklahoma high school track star who died of oral cancer in 1986. Marsee used smokeless tobacco, despite warnings from his mother about the dangers, because it did not break his coach's rules against smoking and drinking. Marsee's story has been told in the print and electronic media in graphic detail, showing the results of the disfiguring surgeries he underwent to try to stop the cancer from spreading. Despite the coverage, however, smokeless rates are still going up.

In Illinois, where national statistics show about 3.3 percent of all males over

the age of 16 use smokeless tobacco products, IDPH is trying to discourage smokeless use through its "Snuff Out Smokeless" (S.O.S.) program. Lauded by awards from the U.S. Department of Health and Human Services and the American Dental Association, "S.O.S." is an attempt to tell children about the dangers of smokeless, in part through public service announcements (PSAs) featuring baseball players for the Chicago Cubs and St. Louis Cardinals.

IDPH Director John R. Lumpkin, M.D., said the simplest images children see every day illustrate the problem. "When you walk into a candy store, one of the most familiar items is a pouch of bubble gum shaped like chewing tobacco," he said. "Any use of tobacco that's targeted at kids is morally wrong. It's a substance that has been demonstrated to kill people and cause cancer and heart disease. Nicotine is far more addictive than any other drug. We would never condone a candy called 'Crack' that was made of sug-

ar and looked like crystals."

The state's severe budget crunch, however, may preclude the program's next logical step: a follow-up survey of Illinois youths to gauge the effectiveness of the smokeless PSAs. "We would like to get the funding," Zimmerman said. "We've had no scientific follow-up to determine the program's success."

Although IDPH reports more calls for information about smokeless after

the PSAs went on the air, Dr. Burchard is concerned that children are not getting the message. "I've yet to see one of those PSAs," he said, "and I'm looking for that kind of stuff."

More attention must be paid to when anti-tobacco messages are aired, he said. "We need to put those messages on TV on Saturday mornings squeezed between cartoons and during the

prime time sitcoms - that's when kids are watching," he added.

Physicians must ask more questions

Dr. Burchard said Illinois physicians are logical health professionals to educate teen-agers about the dangers of smokeless use. Because all Illinois ninth-grade students must have a physical examination to enter high school and all athletes must have a physical to participate in extracurricular sports, family physicians have a captive audience to talk about tobacco, he said.

"Physicians must be encouraged to ask the right questions," he said. "I think too often, we're just not asking. Too many physicians aren't tuned in to prevention. Kids are very honest if you shoot straight with them, and they really take your advice. But the doctor must act like not using tobacco is important. If it doesn't seem important to you, it's not going to be important to the kids. In fact, it's almost like you're condoning it." ▲



St. Louis Cardinals pitcher Todd Worrell films a TV public service announcement warning Illinois youths about the dangers of using smokeless tobacco.

Rob Huck

Smoke-free hospitals

(continued from page 1)

Memorial, St. Anthony Medical Center and SwedishAmerican - joined together to provide area patients and employees with a smoke-free environment, although Rockford Memorial has since relaxed its policy.

Gerrie Gustafson, St. Anthony's director of community relations/communications, says beginning the policy in summer helped smokers because they could go outside to smoke. She says a small percentage of employees are still going outside, braving the cold weather, to smoke.

"There hasn't been an uproar about the policy," Gustafson adds.

"They're seeing [smoking bans] all over, and with the latest reports on the dangers of secondhand smoke they realize that, as a health care institution, we can't continue to allow it in our facility."

St. Anthony offered smoking cessation classes, counseling and hypnosis for employees trying to quit and even paid half the fees. "Lots of long-term smokers quit because of the policy," Gustafson says.

Officials at SwedishAmerican Hospital have been "pleasantly surprised at how smoothly the smoke-free policy has been accepted and at how cooperative employees and patients have been," says Jan Hagenlocher, manager of community and media relations. "The majority think it's great, and the smokers

still have certain outdoor areas where they can smoke."

SwedishAmerican's ongoing support for smokers or those trying to quit includes offering nicotine gum, smoking cessation classes, motivational visits from cardiovascular and pulmonary staff, and brochures outlining hospital policy and how to quit smoking. "It hasn't been easy for some [people], but slowly but surely all hospitals will go this route," Hagenlocher adds.

The third of Rockford's smoke-free trio, Rockford Memorial, has rescinded its smoke-free policy and set aside a room for smokers, says Darla Dernovsek, director of public relations.

"The [policy] was very difficult to enforce," she explains. "People

were smoking at entrances, curbs and sidewalks at first, and when the cold weather began they moved into restrooms." The hospital also encountered a problem with visitors, who could not refrain from smoking during times of crisis. Since the hospital could not provide long-term smokers any options, she says, some would break the rules.

Now Rockford Memorial has one room, shared by visitors, patients and employees, for smoking. The room has its own ventilation system, which directs cigarette smoke outdoors.

"This works much better, because it was very hard for the hard-core smokers to comply with a smoke-

(continued on page 10)

Ordinance restricts cigarette machines, samples

by Tamara Strom

AFTER years of prodding and calling smoking a "dirty, filthy habit," Ald. Edward M. Burke (14th) finally convinced his colleagues in the Chicago City Council to pass an ordinance limiting the sale of tobacco products to minors.

Although Burke called the ordinance "one of the toughest in the nation," the final language is a watered-down version of the original legislation. It excludes provisions banning billboard tobacco advertising and raising the legal smoking age to 19.

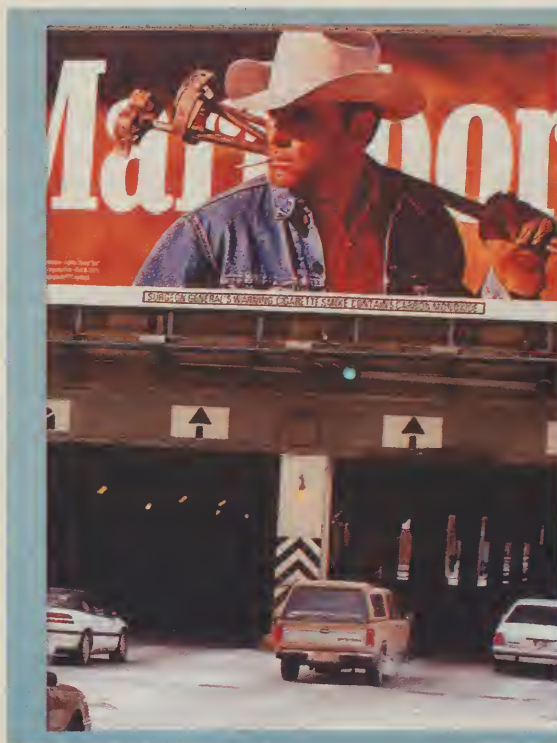
Burke said the ordinance, which the City Council passed Jan. 11, makes it harder for tobacco products to find their way into the hands of children. "Over 390,000 people in America will die this year because of smoking-related disease," he said. "That's more than the number of Americans killed in World War II. This ordinance goes a long way toward beginning the campaign of keeping tobacco products away from the youngsters who are frequently getting addicted to nicotine at earlier and earlier ages."

Chicago-area physicians were cheered by the ordinance. "Education has been going on to teach people about the dangers of smoking, but education alone isn't enough

for young people," said Arvind K. Goyal, M.D., president of the Chicago Medical Society. "We need to make it more difficult for young people to get cigarettes. The ordinance probably will encourage some people to smoke less and discourage some people from starting, especially those who would have gotten their first cigarette from a vending machine."

Effective March 1, the new law prohibits tobacco sales in vending machines located in public places where children are permitted, such as restaurants, theaters or sports stadiums. Also banned are free tobacco samples or coupons on street corners, except with a special city permit. In addition, potentially underage customers will have to show a photo ID when buying tobacco and merchants must post a sign clearly stating it is illegal for people under 18 to purchase tobacco products. Violators will face beefed-up penalties for selling tobacco products to minors, including fines up to \$1,000 for repeated offenses.

Burke failed, however, to get a provision in the ordinance that would ban billboard advertisements for cigarettes. "I regret to say this ordinance has yet to contain the most comprehensive prohibition I'd like to see and that is the banning of ad-



Although billboards for tobacco products will remain familiar sights in Chicago, cigarette vending machines like the one above will be illegal in public places where children under 18 are permitted, such as restaurants and movie theaters.

Wm. Daniels/The Photo Partners

vertisements of tobacco products on billboards throughout the city," he said, following the council vote. "There's a great deal of resistance to that and a great deal of legal argument about whether or not we can indeed do that. I'm not prepared to give up the fight, but we have reached a stalemate on that issue, at least temporarily."

That stalemate is likely to continue

as advertising groups, the Tobacco Institute and other industry proponents oppose the billboard ban, saying it violates the First Amendment right of free speech. "Constitutional precedents are on our side," said Thomas Lauria, assistant to the president of the Washington, D.C.-based Tobacco Institute, which lobbied heavily against the Chicago ordinance.

Smoke-free hospitals

(continued from page 9)

free policy," Dernovsek adds. "The smoking room is accessible to the rest of the building, but it's not off a main hallway, so smokers have to seek it out. It's totally away from eating and public areas. We actually can restrict smoking better because we can be very firm about where we won't allow it."

Despite offering a "whole series of tools" to help people stop smoking, "We have found having a smoking room available to be a much more workable option," Dernovsek says.

Other hospitals that report initiating a smoke-free policy since last March include Chicago's Louis A. Weiss Memorial Hospital; St. Joseph's Hospital, Breese; Veterans Administration (VA) West Side Medical Center in Chicago; Edward Hines Jr. VA Hospital in Hines; and Hinsdale Hospital in Hinsdale.

St. Joseph's Hospital in downstate Breese switched to smoke-free by offering classes free to employees (and at a small fee to anyone in the community who wanted to participate), publicizing the policy in local media and notifying student groups who work in the teaching facility.

"Since the clean air legislation has been passed, people realize it's the wave of the future," says Mary Heeren, director of public relations. "We've gotten letters from patients thanking us for providing a pleasant environment for them."

The VA hospital in Hines launched its smoke-free policy ahead of other VA facilities, says

Pamela Surges, staff assistant to the director. "We've allowed smoking only outside since July of 1989, and we haven't had any problems," she says.

The West Side VA prepared for two years for its smoke-free transition with smoking cessation programs, says Raymond Leber, public affairs officer.

Most of the opponents of the smoke-free policy are patients, Leber says. "The long-time smokers say the Army gave them free cigarettes, and that's how they started smoking. And now they can't smoke."

One hospital tightens restrictions

After observing its second smoke-free year Jan. 1, Mercy Center for Health Care Services in Aurora Feb. 3 enacted even stricter smoking restrictions for employees and patients. "The public has been supportive of a smoke-free environment," says Nancy Hopp, director of marketing and communications. "They want more of it."

The hospital's revised guidelines include limiting employee smoking to two outside entrances and in their cars. Psychiatric patients with permission to smoke may only do so outside or at one designated area.

Hopp says Mercy Center felt setting an example for other hospitals was necessary. "It would be hypocritical and contradictory not to," she adds.

A task force of physicians and management at Berwyn's MacNeal Hospital surveyed employees and helped create the smoking policy, says Vice President Frank Merrick. The hospital now permits smoking

FIFTH ANNUAL

THE DOOR COUNTY SUMMER INSTITUTE

Egg Harbor, Wisconsin
Sessions run 9:00 a.m.-12:15 p.m. daily
CME and CEU credits available.

July 22-26, 1991

Session I	Jay D. Haley, M.A.	Directive Therapy
Session II	Peter E. Sifneos, M.D.	Short-Term Dynamic Psychotherapy

July 29-August 2, 1991

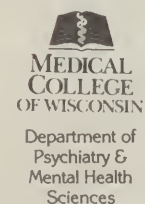
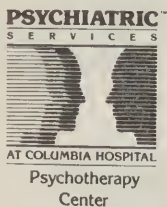
Session III	Donald Meichenbaum, Ph.D.	Cognitive Therapy
Session IV	MCW Department of Neurology	Neurology for Non-Neurologists

August 5-9, 1991

Session V	John H. Greist, M.D.	Anxiety Disorders and Their Treatment
Session VI	Robyn S. Shapiro, J.D./Charles L. Junkerman, M.D.	Medical Ethics in Clinical Practice

For more information:

Carlyle H. Chan, M.D., Summer Institute Director, Psychiatry Dept. - Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226 (414) 257-5995.



"Kids smoke because of peer pressure and a need to look cool and grown up, not because of advertising," Lauria said, adding that because all advertisements carry a warning from the U.S. Surgeon General next to the "long-legged, sexy woman smoking on the beach," consumers can make informed decisions about the risks.

Lauria said the tobacco industry is undertaking "good faith measures" to curb teen smoking. The industry's public service "It's the Law" campaign is aimed at educating store employees who sell tobacco products about how to check IDs and teaching parents how to talk about tobacco with their children. In addition, he said the tobacco industry will lobby legislators in the 11 states that do not have age limits for purchasing tobacco to implement restrictions for young people.

"We're trying to prevent the perception that we want the youth market," he said. "We must jettison this portion of our business. It is an illegal market for us to have. We don't want it; it gives us nothing but trouble and incites our adversaries."

Nonetheless, Dr. Goyal said the medical society still supports a ban of tobacco advertisements on billboards. "The problem I see is that the tobacco industry is able to project an image that cigarette smoking is associated with good health and good looks," he said. "Billboard advertising does a disservice. It might do a good service if it showed a patient with emphysema who's blue in

the face and can't breathe, or showed a person getting up in the morning and coughing up gobs of gray mucus."

Burke also wanted to raise the legal age for purchasing tobacco to 19, but Ald. Thomas W. Cullerton (38th) and Ald. William Beavers (7th), both avowed smokers, amended the ordinance to keep the legal age at 18. "If 18-year-olds can vote or go over in the desert to fight for us, they should be qualified to make up their own minds whether or not they're hooked on cigarettes," said Cullerton, who has been observed smoking at council meetings despite several signs in council chambers prohibiting it. "I hope that some of those kids don't get hooked on it like I've been for the past 40 years." ▲

Smoking-related deaths up, CDC says

EVEN THOUGH thousands of Americans quit smoking each year, the number of people dying from smoking-related causes is going up and may continue to climb for years to come, according to a Feb. 1 report in the U.S. Centers for Disease Control's (CDC) *Morbidity and Mortality Weekly Report*.

According to the *MMWR*, about 434,000 people died of smoking-related causes in 1988, a substantial increase from the 390,000 smoking-induced deaths in 1985. In addition, a recent report estimates that 37,000 deaths each year can be attributed to heart disease caused by second-

hand smoke, CDC reports.

"Despite declines in the prevalence of smoking in the United States, the absolute numbers of deaths caused by smoking-related disease may increase for several years," the report states. "This trend is due partly to the increase in absolute numbers of smokers among the post-World War II generation, who will soon attain the ages at which smoking-related diseases occur. Persons in this age group and in older age groups will continue to develop chronic diseases associated with smoking unless widespread cessation efforts are successful." ▲

only in one designated area of the cafeteria.

"Employee input really helped set the pace for the basic tenets of our policy," Merrick says. "When the policy was decided, we announced it in spring and initiated it in November to coincide with the Great American Smokeout. After that, a task force for policy implementation anticipated the bumps we would encounter and tried to head them off."

Shelby Memorial Hospital in Shelbyville restricts smoking to a common area in the basement shared by visitors and employees, says social services spokesperson Camice Barker. Patients in private rooms or semiprivate rooms may smoke in their rooms with a physician's approval.

"We don't currently plan to become a smoke-free hospital, and employees like our policy because they know other hospitals in the area are all smoke-free," Barker adds. "They feel fortunate, and patients who smoke tell us that they're glad they're able to smoke in the stressful situation of being hospitalized. Our policy helps both smokers and non-smokers feel at ease."

Another hospital that developed a restricted smoking policy in a facility that had none last year is Swedish Covenant Hospital in Chicago. Frank Gonzales, public safety spokesman, says that the only area where smoking is allowed is a designated area for employees.

"Since we have a small percentage of smokers," he says, "the policy doesn't inconvenience them or non-smokers." ▲

Where there's smoke...there may be bronchitis

"Recent research has delineated early, more subtle changes in lung and immune functions. These alterations directly predispose smokers to respiratory tract infection."

Am Fam Phys 1987;36:133-140

Brief Summary. Consult the package literature for prescribing information. **Indication:** Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β -hemolytic streptococci). **Contraindication:** Known allergy to cephalosporins. **Warnings:** CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients. Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon.

Those reported include:

- Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100), pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, serum-sickness-like reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
- Stevens-Johnson syndrome, toxic epidermal necrolysis,

Ceclor
Pulvules[®]
250 mg
cefactor

**Established therapy
for today's patients**

For respiratory tract infections due to susceptible strains of indicated organisms

and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.

- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertension, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.

- Slight elevations in hepatic enzymes.
- Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
- Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and ClinTest[®] tablets but not with Tes-Tape[®] (glucose enzymatic test strip, Lilly).

PA 8791 AMP (021490LRI)
Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.



Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company
Indianapolis, Indiana 46285

CR-0525-B-049333 © 1990 ELI LILLY AND COMPANY



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC
call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Board Briefs

The Illinois State Medical Society (ISMS) Board of Trustees met Jan. 19 at the ISMS Conference Complex in Chicago. Following are highlights of the board's actions:

State funding shortfalls

The Third Party Payment Processes Committee reported that the fiscal 1991 \$237 million appropriation for the Central Management Services state employees' health care benefits program is \$48 million less than required for full funding. As of June 30, 1990, the benefits payment cycle was 42 days, but the committee said the shortfall could extend the benefits payment cycle to more than 100 days. This committee warned the underfunding could have a grave effect on physicians especially in areas such as Sangamon County, where large numbers of state employees live. The committee also reported that the Illinois Department of Public Aid (IDPA) says it needs an additional \$256 million in supplemental funding to keep its payment cycle at 56 days in the first half of 1991. Absent a supplemental appropriation, the committee said IDPA projects the payment cycle could reach 85 to 90 days by June 30.

Videotaping expert witnesses in administrative hearings rejected

The board rejected a proposal to videotape expert witnesses in administrative peer review testimony to detect possible medical inaccuracies during subsequent appeals. The board said such videotaping might deter some qualified physicians from participating as reviewers or consultants in the administrative review process of state agencies, particularly the IDPA Medical Quality Review Committee process.

ISMS leaders to seek meeting with Illinois PRO

ISMS-elected leaders will seek a meeting with Crescent Counties Foundation for Medical Care (CCFMC) officials to allay concerns expressed by the Chicago Medical Society about CCFMC's recent by-laws changes. These changes include the creation of a Council for Governmental Review Programs (CGRP) to oversee peer review organization program and Medicaid activities, and the method for selecting Cook County representatives on the CGRP.

Tanning parlor legislation approved

Tanning parlors would be regulated by the Illinois Department of Public Health (IDPH) under proposed legislation approved by the board. Resolution 38 (A-90), adopted by the ISMS House of Delegates, called for regulation of tanning parlors because the misuse of artificial tanning devices can lead to premature aging, cataracts, retinal damage to the eyes and skin cancer.

Winners named for team physician and public service awards

Paul E. Wochos, M.D., Palatine; Robert H. Manoogian, D.O., Orland Park; Brian A. O'Neill, M.D., Belleville; Vladimir J. Suchy, M.D., Hinsdale; and Clarence V. Ward, Jr., M.D., Peoria, have been selected 1990-91 ISMS Team Physician Award winners. Harold M. Perlmutter, M.D., East Moline, and the Peoria Medical Society Auxiliary were named 1991 physician and non-physician Public Service Award winners, respectively.

Special AMA reference committee

A special reference committee will meet to discuss American Medical Association (AMA) concerns at the ISMS House of Delegates meeting at the Westin O'Hare Hotel in Rosemont, April 12-14. Creation of this special reference committee complies with the ISMS House action in 1990 calling for a special reference committee to review all issues related to unification with the AMA.

Proposed resolutions for the House of Delegates meeting must be received at ISMS by March 13 or they will be considered late.

Handbook for new physicians

The Illinois State Medical Insurance Exchange has published a "New Physicians' Handbook" especially for residents and newly-in-practice physicians. The handbook is a guide to information sources for physicians beginning practice in Illinois.

AMA Hospital Medical Staff Section elects Murphy

Joseph L. Murphy, M.D., Chicago, was elected AMA Hospital Medical Staff Section (HMSS) alternate delegate at the AMA HMSS 16th Assembly in Orlando, Fla. in December 1990. Dr. Murphy will fill an unexpired term until June 1991.

Auxiliaries plan mini-internship program

Six county medical societies and auxiliaries are holding mini-internship programs acquainting legislators and other opinion makers with the daily practice of medicine. Mini-internships are being held in Adams, Macon, Peoria, Sangamon, Rock Island and St. Clair counties. Lake County Medical Society held

the first mini-internship in Illinois and has scheduled another in March.

ISMS reviews task force report on mentally ill substance abuser

ISMS reviewed and generally supports a task force report developed by the Illinois Department of Mental Health and Developmental Disabilities and the Department of Alcoholism and Substance Abuse on the problems and service needs of the patient who is both mentally ill and chemically dependent. Concerns about the report will be expressed to the task force in a letter from ISMS. ▲

THE COOK COUNTY GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

March — May, 1991

- ☐ Advances in Pediatrics, 1991
March 4 - 8, 1991
- ☐ Advances in Family Medicine, 1991
March 4 - 8, 1991
- ☐ High-Risk Obstetrics
March 7 - 9, 1991
- ☐ General Surgery Update: 1991
(Sea Island, Georgia)
March 18 - 21, 1991
- ☐ Fiberoptic Colonoscopy
March 20 - 22, 1991
- ☐ Fiberoptic Esophagogastric Endoscopy
March 25 - 27, 1991
- ☐ Current Concepts
in Emergency Medicine, 1991
April 15 - 17, 1991
- ☐ Specialty Review in Urology
April 15 - 20, 1991
- ☐ Modern Trauma Management:
The First 24 Hours
April 18 - 20, 1991
- ☐ Specialty Review
in Obstetrics and Gynecology
April 28 - May 4, 1991
- ☐ Advances in Surgery, 1991
April 29 - May 3, 1991
- ☐ Specialty Review in Family Medicine
May 4 - 10, 1991
- ☐ Adolescent Medicine
May 9 - 11, 1991
- ☐ Specialty Review in Anesthesiology
May 11 - 17, 1991
- ☐ Advances in Pediatric Allergy,
Immunology, and Pulmonology
May 29 - 31, 1991
- ☐ Specialty Review in Pediatric Cardiology
May 29 - June 1, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____
Address _____
City _____
State _____ Zip _____

Call toll-free today!
1-800-621-4651

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

AUGUST 1990

The controlled substances license of Roger Watters, Harrisburg, was SUSPENDED indefinitely after he violated provisions of the Controlled Substances Act.

SEPTEMBER 1990

Maynard Freeman, Lisle - physician and surgeon license reprimanded after he was convicted of committing a felony.

Mark Mench, Sterling - physician and surgeon license ordered to remain on indefinite probation after he petitioned for restoration.

Alan P. Kazan, Chandler, Arizona - physician and surgeon license placed on probation for five years af-

ter he was disciplined in the state of Arizona.

Gerald Hanley, Chicago - physician and surgeon license restored and placed on probation for five years after he petitioned for restoration and admitted that his ongoing recovery from past drug and alcohol abuse should be monitored by the Department.

Leonard Patrick Burke, Jr., Denver, Colorado - physician and surgeon license placed on probation until August 31, 1993 after his Colorado license to practice medicine was placed on probation for five years.

Raymond S. Koziol, Wauwatosa, Wisconsin - physician and surgeon license issued and officially reprimanded after his Wisconsin license was reprimanded.

Peter Roumeliotis, Oak Lawn - application for temporary license for post-graduate clinical training in Internal Medicine at Mercy Hospital in Chicago approved and his temporary license placed on probation for three months after he performed acts which allegedly constituted the unlicensed practice of medicine

while employed as an extern at two other hospitals.

Frank Page, Oak Park - physician and surgeon license granted and placed on probation for a minimum of five years after he pleaded guilty and was charged with conspiracy and distribution of a controlled substance in Nashville, Tennessee. The applicant served three years and was released subject to parole and probation.

Theodore R. Haley, Chicago - physician and surgeon license approved and placed on indefinite probation with a minimum of two years from the effective date of the order after his physician and surgeon license in the State of Washington was suspended for a term of 10 years, stayed upon compliance with certain terms.

Mansel Kevwitch, East Lansing, Michigan - physician and surgeon license approved and placed on probation for six weeks after he performed acts which allegedly constituted the unlicensed practice of medicine while employed as a surgical resident at Loyola University Medical Center.

Teens and AIDS

(continued from page 1)

health's "key messages" are that teens should avoid sex and drugs. But it is equally important, he said, to convey the message that if teens choose to engage in these activities, then "they ought to have a parachute; they should take precautions."

Teens help shape IDPH program

Health department officials sought input from Illinois students about the best way to send serious messages in an upbeat way. "The teens gave us a message that we heard loud and clear: If you want to talk to us, you need to talk to us in a way that we will understand," said Dr. Lumpkin.

Some of the students who served on IDPH's teen panel also participate in the Kankakee Teen AIDS Prevention (TAP) program, a peer education program. TAP program members make educational presentations, including skits and rap songs about AIDS, to other schools, community groups, drug treatment centers and teen parenting programs. The students learned about AIDS during a summer seminar so they would be prepared to travel through the community and help teach their peers how to avoid contracting AIDS.

"More and more of our youth are becoming at risk of AIDS, and we see at the school system it's our function and our duty to educate them about AIDS," said Frank Love, TAP program director. "We feel the

real way to get the message across is teens relating to teens, peers relating to peers."

After becoming an honorary member of the Kankakee TAP program, Dr. Lumpkin gave Love "something the students are probably dying to get their hands on" — a handful of tickets to the free concert.

Program is "a bargain"

The total cost of the campaign is \$40,000, Dr. Lumpkin said, including printing costs for informational brochures, posters and T-shirts sporting the "Wanna Have the Time of Your Life?" slogan in neon colors. The promotional and educational materials will be distributed at schools statewide.

IDPH officials hope to reach all of

the state's 518,798 public high school students, making the \$40,000 price tag "a bargain" for the state, Dr. Lumpkin said. "If we can reach that many teen-agers with a health campaign for only \$40,000, I'd have to say it's quite a feat." Dr. Lumpkin compared Illinois' program with that of a similar campaign in Texas that cost the health department about \$400,000 because of a lack of private support.

Dr. Lumpkin said he is confident that under the Edgar administration, IDPH will carry out many more preventive health campaigns. "Gov. Edgar understands the need for preventive health measures, and if not this year, then in the near future we'll see a greater emphasis in health on prevention." ▲

Why does JACKSON & COKER recruit more physicians each year than any other company?

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
& COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

Budget

(continued from page 1)

with the \$3,000 net surplus projected for 1991, allow us to extend our current dues level into a fourth year, something the 1988 House of Delegates didn't anticipate we could do."

By balancing the 1991 budget, the board avoided the traditional deficit of the final year of a multi-year dues plan. The original three year plan projected a 1991 deficit of \$187,000.

Financial planners for the society predict revenue will increase 2 percent in 1992, while expenses will rise 6 percent. The net result will be a 1992 deficit of approximately \$235,000, according to documents provided to the board. The carry-overs from 1989, 1990 and 1991 will almost completely offset that deficit, thus allowing ISMS members to avoid a dues increase for the fourth year. "While we're delighted to be able to bring this news to the House, we want to be sure the delegates understand it's unlikely we'll be able to go a fifth year without raising the dues level," Dr. Clementi warned. "The indications for 1993 are very strong: We are going to have to increase our revenue base substantially, and dues are the appropriate place to look for that added income."

1991 budget reflects careful planning

The budget was based on two key objectives: to protect and improve the society's strengths for the membership and to create financial efficiencies that would allow the dues level to be maintained for a fourth year. Key strengths members rely on include:

- representing the members on medical issues and the establishment of public policy before the legislature, government agencies, insurance companies, the business community, labor and other health care audiences
- quality communications programs that promote an aware and informed membership that will participate in the public debate
- enhancing the public image of physicians, and
- protecting and enhancing the strength of the society's professional liability company, the Illinois State Medical Inter-Insurance Exchange.

To achieve these objectives, no new programs are included in the 1991 plan, and funding for key pro-

grams, such as legislative activities, was carefully reviewed. In addition, each division analyzed both expenses and time commitments and re-allocated charges based on actual performance during 1990.

An example of the kind of difficult choices that financial planners faced showed in the cancellation of the 1990 All Member Conference and the decision not to budget for that meeting in 1991.

Budget details

Specific budget changes noted for 1991 include an increase of 13 percent in expenses for the Governmental Affairs Division, one of the most highly rated member services, according to the 1990 member survey. The Communications Division, which includes public relations, risk management and policyholder communications activities, membership and marketing, printing and purchasing, and *Illinois Medicine*, projects a 3 percent decrease in expenses from 1990.

Direct expenses for the Specialty Societies Division are projected to increase 15.7 percent in 1991, as a result of additional activities planned for the 14 societies served. Most of that increase will be billed back directly to these societies.

The budget projects a 1 percent increase in membership for the year, with 128 new members for the society. Dues income is projected to increase 1.2 percent or \$49,300, reflecting the number of 1990 "first year" members who paid only partial dues for the previous 12 months. In 1991, these members will pay full dues of \$351 for the first time.

Advertising revenue for *Illinois Medicine* is projected to decrease about \$25,000, reflecting actual experience with the publication and trends in the publishing industry as the recession takes hold.

Rental income is projected to rise slightly due to higher lease payments from the old ISMS building in Springfield, while investment income is projected to drop slightly, based on actual experience in 1990.

The 2.9 percent increase projected for expenses is lower than the annual inflation rate, society financial planners note. Notable on the expense side was the fact that for the first time in many years the society's employee health insurance premium did not increase. ▲

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Obstetricians/gynecologists—Illinois. Board certified or board eligible obstetricians and gynecologists wanted to join a 210 physician, multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801, or call collect at 217/337-3417.

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago—Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require emergency medicine or primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Cardiology. Be a part of a thriving invasive cardiology group practice located in southern Indiana. Affiliated with a 590-bed regional referral center. Competitive salary plus malpractice insurance and other physician perks. Send CV to Don Hoyt, 12161 Lackland Rd., St. Louis, MO 63146 or call 1-800-336-3963.

Pediatricians—Illinois. Board certified or board eligible pediatricians needed to join 210 physician multispecialty clinic in central Illinois; positions in branch locations and main site available; liberal fringe benefits and competitive salary lead to equal ownership in over-all organization. Malpractice coverage provided. Write, including CV, to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, Urbana, IL 61801; or call collect at 217/337-3417.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Family practitioner—Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculo-plastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General psychiatrist. A BC/BE general psychiatrist is needed to join a 210-provider, private multispecialty group practice associated with the University of Illinois, College of Medicine. Psychiatric division has a 20-member multidisciplinary team with five psychiatrists. Practice includes a combination of inpatient, out-patient and consultative services. Competitive salary, liberal fringe benefits and early partnership; malpractice coverage provided. Write including CV to Robert C. Parker, Jr., M.D., Assistant to the Chief Executive Officer, Carle Clinic Association, 602 W. University Ave., Urbana, IL 61801; call collect 217/337-3417 or you may fax your CV to 217/337-3163.

Family practice—hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatrics and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/525-5643.

Michigan City, IN—seeking full-time and part-time emergency physicians for 99-bed, low volume hospital emergency department within hours drive of Chicago. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 20, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine—Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital—8 bed ICU—excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River-central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

Family practice, Denison, IA. Seeking two family practitioners to round out an active medical staff of five, serving town of 6,500 and county of 18,000. Weekend ER coverage provided by hospital. Excellent school system and 72-bed hospital located in this scenic western Iowa community. Contact Kip Ewen, Administrator, 712/263-5021 or 712/263-3830.

Southern Illinois, emergency medicine: steadily growing ER with 7,500 annual patient visits. Opportunity to develop occupational and industrial medicine program. Revenue sharing, administrative opportunity and strong medical staff support. Small private group emphasizing physician retention. For more information call Mary Zimmerman or Garry Scarato, M.D., medical director of emergency medical care. Please call collect 314/532-0766.

Internal medicine. Milwaukee is the location for this multispecialty practice. This 35-physician group includes 11 internists presently and seeks an additional associate. For further information please contact Gary Williams 1-800-544-6728.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoyt, 12161 Lackland Rd., St. Louis, MO 63146, or call 1-800-336-3963.

BE/BC Allergist—Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Geriatric medicine fellowship—University of Illinois at Chicago section of geriatric medicine offers positions for July 1991 and 1992. Program directed by Alvar Svanborg, M.D., Ph.D., for BC/BE internists. Facilities include hospital inpatient unit, consultation service, comprehensive outpatient geriatric assessment clinic, teaching nursing home, and home-health service. Strong teaching and research components. AA/EOE. Contact: David O. Staats, M.D., Department of Medicine (787), University of Illinois at Chicago, 840 S. Wood St., Chicago, IL 60612; 312/996-4750.

Northern California/Bay area—internist. Upscale community, terrific climate. BC/BE internist. Several opportunities/practice options: group, solo, or partnership. Excellent salary plus productivity bonus and benefits. For more information, please contact in confidence Whitney Millard at 1-800-762-9213.

Medical director. Suburban Heights Medical Center requests applications for position of medical director. Candidate must be a physician. Experience in the areas of quality assurance, managed care, utilization review and physician recruitment is required. Limited clinical time is expected. Excellent salary, bonus and benefit package offered. Submit CV in confidence to: Administrator, Suburban Heights Medical Center, S.C., 333 Dixie Highway, Chicago Heights, IL 60411.

Nephrologist/internist needed for small, near northside practice. Will provide dialysis facility equipped for hemodialysis and peritoneal dialysis, as well as a doctor's office, exam room and waiting room. If interested in this very new, lucrative position and practice opportunity, please send CV for consideration to 7809 Lake St., Morton Grove, IL 60053.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Anesthesiologist: mature, experienced, board certified in anesthesia and quality assurance. Director of anesthesia and medical director at present. Looking for position in accredited surgi-center where my talents can be utilized. Chicago or suburban area. Write to Box 2189, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Health clinic building, 4942 W. Division, Chicago. 6,000 square foot single story building with 3,000 mezzanine loft storage area. Fully demised space consists of central reception area, offices, examining rooms with plumbing, and public and employee bathrooms. Includes two fenced side lots. Located across the street from St. Anne's Hospital. 60,000 potential patients within walking distance. Two heat/air conditioning units. Recently redecorated. Available April 1, 1991. Call 312/561-6688, broker/owner.

Family practice. Net \$150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Practice for sale. 40-year established general practice. N.W. side in Chicago. Large active patient count. Grossing over \$200,000. 1,200 square feet of easy working space in one level atrium building with attractive lease. Four plumbed exam rooms, large MD office, fully equipped lab, large business office, 12-seat waiting room. Currently, 22 hours of office hours per week. Turnkey for right MD or small group. Contact H. Volk at 708/386-3951 or write P.O. Box 3753, Oak Park, IL 60303 for further information.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

X-ray machine sale. Includes table, fluoroscope, chest x-ray wall cassette rack, developing tank, assorted film cassettes, wall pass thru cabinet, more. Illinois state approved. Call 708/448-2273.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

NEWLY PRACTICING
PHYSICIAN
DISCOUNT

IF YOU ARE

REDUCES YOUR PROFESSIONAL LIABILITY
COSTS AS YOU ESTABLISH PRACTICE.

A PHYSICIAN ENTERING PRACTICE FOR THE FIRST TIME,
OR ENTERING A NEW PRACTICE SPECIALTY UPON COM-
PLETION OF MEDICAL TRAINING, YOU WILL BE ENTITLED
TO A REDUCED PREMIUM FOR THE FIRST TWENTY-ONE
MONTHS OF PRACTICE.

*The Exchange is physician owned and operated, supported by
a staff of insurance professionals. We provide superior advoca-
cy service. We are committed to the Illinois physician.*

Illinois State Medical Inter-Insurance Exchange: the only profes-
sional liability carrier continuously writing coverage for Illinois
physicians since 1976.

ILLINOIS STATE
MEDICAL



INTER-
INSURANCE
EXCHANGE

Illinois Medicine

Northwestern
dean profiled 8

March 1, 1991

ILLINOIS STATE MEDICAL SOCIETY

State not paying worker's compensation bills

by Tamara Strom

SOME ILLINOIS physicians treating state employees with injuries suffered on the job have not been paid in eight months. And the situation will only get worse, state officials say.

Not only will the state continue to delay payment of medical bills for worker's compensation claims, but in the next few weeks reimbursements for the state employee health

insurance plan will start slowing down, said Kathy Rem, director of communications for the Department of Central Management Services (CMS), which administers the state's worker's compensation and health insurance plans.

CMS has yet to pay one medical bill covered by the state's worker's compensation program in this fiscal year, which dates back to July, Rem said. The backlogged claims now

number 5,700, she said, and there is little hope that those or any other claims submitted this fiscal year will be paid until July, when the new fiscal year starts, at the earliest.

"We are making the disability payments to state workers, but we haven't paid a medical bill since July," Rem said. "Right now we have \$2.5 million in unpaid bills and we expect that to climb to \$4 million by summer."

Last fall, the General Assembly denied a CMS request for a supplemental appropriation that could have avoided the cash flow problem, Rem said. The department's budget for worker's compensation is \$6 million, but about \$10 million is needed to cover the cost of disability and medical payments, she noted. This year's shortfall is not the result of an unusually high influx of claims, she

(continued on page 13)



Terry Vitacco

Cutting the ribbon to reopen Mile Square Health Center Feb. 8 are (from left): Gov. Jim Edgar, U.S. Rep. Cardiss Collins, Ald. Sheneather Butler, U of I College of Medicine Dean Gerald Moss, M.D., Chicago Mayor Richard M. Daley and U of I President Stanley O. Ikenberry. See story, page 5. ▲

County Hospital 'out of control'

by Tamara Strom

COOK COUNTY commissioners are hearing it from all sides as pressure mounts for the board to put politics aside and address Cook County Hospital's multitudinous problems. Among those levying criticism at the board for allowing the hospital to deteriorate are the hospital's interim director, staff physicians and nurses, special interest groups and county residents who get their care at the hospital.

Most of the 30 people who testified at a Feb. 14 public hearing to discuss County Board President Richard

(continued on page 13)



M. Candee Studios

Commissioners Robert Gooley (left) and Carl Hansen discuss the health budget.

Public health efforts stem meningitis-related infection

by Tamara Strom

FACED WITH campus-wide panic about a meningitis-related blood infection that caused the death of two University of Illinois students last month, state and local health officials went beyond the normal measures of disease control protocols to quell fears.

Within hours of the first student's death Feb. 9, physicians "dropped everything and ran over to the Greek house" where the student lived to

distribute prophylactic antibiotics to his fraternity brothers to ward off meningococcus bacteria, said Rod Kingston, M.D., assistant director of the university's McKinley Health Center. But after a second student died Feb. 11 of the same blood infection, meningococemia, a wave of panic spread across the campus, leading the university's health professionals to administer the antibiotic rifampin to 6,455 people.

"We were faced with an incredible fear," Dr. Kingston told Illinois Medicine. "Students were literally standing in line at the health center crying, they were so frightened. Be-



Illini Media Company

Doris Harvey, R.N., a nurse at the University of Illinois' McKinley Health Center, hands out rifampin, which kills or slows the growth of the meningitis-causing bacteria.

cause the panic was so huge, we decided to go ahead with some extraordinary measures."

Officials did not originally intend to distribute the antibiotics indiscriminately, said Gale Fella, executive director of the Champaign-Urbana Public Health District, which is working with the university to track the disease and halt its spread. Dr. Kingston noted, however, that "thousands of calls from parents to the university" put that strategy on the back burner. "We could not have continued providing the antibiotics indefinitely," he said. "But just as we

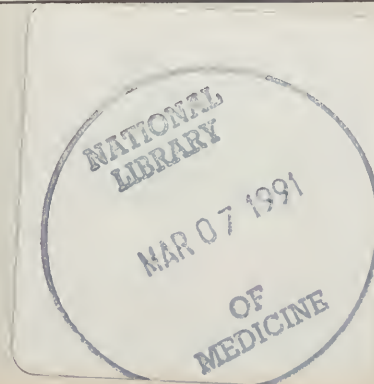
(continued on page 14)

In this issue

News briefs	2
CEO turnover study	2
Edgar calls for caps, drug initiative	3
Mile Square Health Center reopens	5

New Exchange resources available	6
Risk management seminars	

***** 3 DIGIT SCF 208
0218 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894



News Briefs

Humana purchase of Michael Reese on track

Illinois Department of Insurance officials said Feb. 19 they anticipated approving Humana Inc.'s purchase of the Michael Reese HMO by the end of February. Department approval of the sale was one of the last steps in the process that will allow the Louisville-based for-profit hospital chain to enter the Chicago health care market.

Humana officials say the deal to purchase the 652-bed Michael Reese Hospital and Medical Center on Chicago's South Side and the 240,000-member HMO should be completed sometime in March or early April. "The due diligence period took longer than we anticipated," said Humana spokesman Tom Noland. "There was a lot to go through with the acquisition of a health plan and a hospital. The net result is that it has taken a lot of time to go through all that information."

Humana has been working on the deal since October, Noland said, adding, "We are certainly a lot closer; it's within a few weeks."

New commissioner receives blessing of advocacy groups

Despite a Feb. 14 demonstration by the activist group AIDS Coalition to Unleash Power (ACT UP), several AIDS advocacy and reproductive rights groups gave a passing grade to Sister Sheila Lyne, R.S.M., the newly appointed Chicago health commissioner. Some feared the religious beliefs of Mayor Richard M. Daley's choice for commissioner would conflict with her administering public health programs that include safe sex education.

A Feb. 14 meeting with representatives from several organizations, in-

cluding the Howard Brown Memorial Clinic, Planned Parenthood and the National Organization for Women, however, laid some of those concerns to rest.

"We came away with an indication we can all work together," said Judith Johns, executive director of the Howard Brown clinic. "We needed the dialogue we had today. Our concern is that she be a good health commissioner. We don't care if she's a good nun, that's her problem."

Although Sister Sheila said she may not always agree with the policies set by the Chicago Board of Health, her ultimate goal is to stop the spread of AIDS and other sexually transmitted diseases. "If [safe sex education] seems to be the best method to do that, then that is what should be done," she said.

Rehab Institute named head injury center

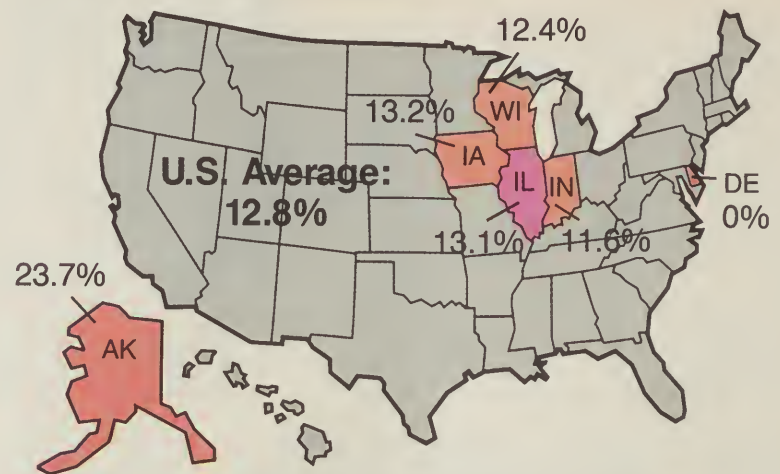
The Rehabilitation Institute of Chicago (RIC) received a \$3.7 million U.S. Department of Education grant and was named the Midwest Regional Head Injury Center for Rehabilitation and Prevention. The center is charged with sharing expertise with other head trauma programs in Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. About 98,000 people in the six-state region sustain traumatic brain injuries each year.

RIC will conduct prevention educational programs and family outreach programs, and reduce the barriers to rehabilitation services.

"This grant is designed to help fill the enormous gap between the number of brain-injured persons requiring services and the services available," said Henry B. Betts, M.D., RIC's medical director. ▲

— Compiled by Tamara Strom

1990 Turnover Rate for Hospital CEOs in Selected States



Source of Data: American College of Healthcare Executives; American Hospital Association; Heidrick and Struggles.

CEO turnover rate still high nationwide, but going down

by Tamara Strom

AFTER A STEADY six-year climb in the turnover rate of the country's hospital chief executive officers (CEOs), the numbers are heading back down, according to a four-year study released Feb. 13.

Currently one in eight, or 12.8 percent of hospital CEOs, are changing jobs each year, down from an all-time high of 18.4 percent in 1988, according to the study. Illinois is showing similar improvement. In 1988, 19.7 percent of the state's hospital chief executives resigned or were terminated. By 1990, the rate had dropped to 13.1 percent. That compares to a current high of 23.7 percent turnover in Alaska and a low of no turnover in Delaware.

Conducted by the American College of Healthcare Executives (ACHE), the American Hospital Association (AHA) and Heidrick and Struggles, an executive search firm, the study's aim was to find out why so many hospital CEOs are leaving their jobs.

Regardless of the downturn, turnover is still unacceptably high, said ACHE President Stuart A. Westbury Jr., Ph.D. "We view hospital CEO turnover as a problem for literally everybody concerned," Westbury said. "Not only does it affect the individual or individuals turning over, but there is also a significant effect on the institution and the communities that are involved."

Westbury speculated that the dip in the turnover rate may be due to executives becoming accustomed to the increasingly competitive environment of health care organizations. But even with the lower turnover numbers, hospitals are more vulnerable to losing their chief executive than any other type of business, he said.

"You'd have to look at the financial and banking industries, which are also going through major change,"

to come up with a turnover rate that comes close to that of hospitals, he added.

Of the CEOs surveyed who vacated their jobs in 1990, 65 percent left voluntarily; the other 35 percent were terminated, he said. The most common reasons cited by CEOs who chose to leave their jobs were new career options, promotions, burnout or dissatisfaction with their current position.

Despite the high numbers, turnover is not always bad, said Michael D. Caver, managing partner of Heidrick and Struggles' Health Care Practice search firm. Nearly half of unemployed CEOs get a job within a year, he said. Fifty-one percent of those job-changing CEOs reported getting a position with more responsibility and 62 percent earn more money in their new job.

The survey points to several common factors prompting the termination of CEOs, said Alexander H. Williams III, AHA senior vice president and deputy to the president. A former hospital CEO himself, Williams said investor-owned hospitals in the western United States are most likely to fire their CEOs. In addition, about half of the terminated CEOs surveyed said their hospitals performed below their competitors.

One factor that does not play a statistically significant role in CEO turnover is conflict with medical staff leadership, Williams said. Although some CEOs mentioned medical staff problems as a contributing factor to their departure from the hospital, it was not a major reason, he said.

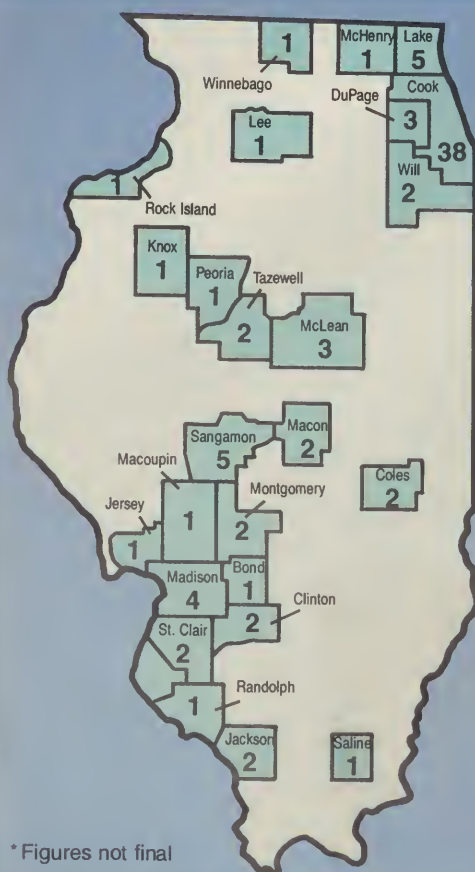
None of the survey results surprised Illinois Hospital Association President Kenneth Robbins except the absence of medical staff conflict as a predominant reason for CEOs to leave. "I thought that would have been a prevailing cause," Robbins said. "But maybe it's just one of those myths that just doesn't hold up under closer scrutiny." ▲

Physician Facts

1990 Illinois Bacterial Meningitis Incidence by County*

Total Deaths: 9

Total Cases: 85



* Figures not final

Source of Data: Illinois Department of Public Health

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Edgar calls for caps, announces drug initiative

by Kevin O'Brien

GOV. JIM EDGAR called for caps on non-economic damages in medical malpractice judgments in his first State of the State address on Feb. 13 in Springfield.

In a speech devoted primarily to the state's fiscal crisis, Edgar also vowed to overhaul Illinois' public health care system and assigned Lt. Gov. Bob Kustra the task of shaping a coordinated plan to address the state's drug abuse problem.

"The victims of medical malpractice must be fairly compensated," Edgar said. "But by setting limits on non-economic damages, we can put the brakes on malpractice insurance premiums and thereby help rein in the cost of health care and make it accessible in all parts of Illinois."

Edgar's position on caps was a major factor in the support he received from Illinois physicians during his successful campaign for governor. Edgar first announced his support for caps last April in a speech at the Illinois State Medical Society's annual meeting.

"The lack of such a cap has sent the cost of medical malpractice insurance in this state into orbit," and has compounded the state's health care accessibility problem, Edgar told his physician audience at the time. He cautioned, however, that enacting legislation to implement caps would be difficult because the legislature "has a lot of lawyers in it, some of them in key positions."

In his second major policy address as governor last month, Edgar noted that, "Despite a threefold increase in state spending on health care over the past decade, access to basic care has diminished for many in both our inner cities and rural communities. State government cannot continue its stopgap response to this growing health care crisis."

While not outlining specifics for revamping Illinois' public health care system, Edgar did say the system should emphasize prevention and primary care. "Prevention will be the watchword of my budget when I unveil my spending plan for fiscal 1992 [on March 6] - not just in substance abuse, but with programs designed to prevent the colds of today from turning into the pneumonias of tomorrow."

"The state must set as its first priority in this area assuring adequate, coordinated and accessible health care services for those with the greatest need - pregnant women and infant children," the governor said.

Edgar's transition team recommended that department heads and representatives of his office develop a strategy to address access problems and redesign the state's public health care reimbursement (Medicaid) system within one year.

Drug abuse initiative

Edgar also unveiled an initiative for addressing the state's worsening drug abuse problem, announcing that he will convene within the next six months a Governor's Conference on Substance Abuse. Public officials, community leaders, business leaders, educators and substance abuse professionals will set an agenda address-

ing the state's needs in this area.

The conference is to consider developing a framework for evaluating treatment programs; improving cooperation and coordination between local law enforcement personnel and state agencies; and establishing a means to address the unique problems of drug abuse victims, such as cocaine babies and victims of drug crime. Edgar also wants to establish substantive drug prevention and early intervention services in each Illinois school district.

Instead of appointing a "drug czar," as was urged by his transition team, Edgar has asked Kustra to as-

sume that responsibility. The lieutenant governor will assist Edgar with the conference and will coordinate anti-drug education efforts aimed at young people.

Kustra will also serve as liaison with the legislature in reshaping the state's drug laws. Currently, first-time drug offenders, including those convicted of felonies, are usually assigned to court supervision and ordered to pay small fines, according to background information supplied by Edgar's office. Those successfully completing the supervision normally have their convictions expunged. Second- and third-time offenders of-

ten receive a fine and probation.

Edgar will ask for legislation to strengthen these penalties, eliminating the court supervision option for persons convicted of violating the Controlled Substances Act. Also, anyone convicted of using cocaine, heroin or other hard drugs would be subject to a minimum fine of \$1,000 and 100 hours of community service. All convictions would be permanently recorded to provide a basis for identifying repeat offenders. People convicted of drug abuse statutes would also have their driver's licenses suspended. ▲

Blue Cross[®] Blue Shield[®] **REPORT** *FOR Illinois Physicians*

BENEFICIARY PROTECTION ANNOUNCED FOR ASSISTANCE AT SURGERY

Physicians are prohibited from billing Medicare beneficiaries for assistant-at-surgery services if the surgical procedure is one for which Medicare will not pay for the use of an assistant at surgery. Physicians who bill beneficiaries in such instances can be subject to exclusion from the Medicare program for up to five years or subject to civil monetary penalties and assessments.

As reported in the January, 1991, *Bulletin*, Medicare will not pay for assistant-at-surgery service if an assistant is used in less than five percent of the procedure's cases nationally. A list of the procedure codes for which assistant-at-surgery service cannot be paid is available by writing to:

Medicare B
Freedom of Information Unit
P.O. Box 992
Marion, IL 62959

SIGNAL EKG COVERED

Beginning January 1, 1991, Medicare Part B covers procedure code M0540, signal-averaging EKG. The test identifies patients at risk for ventricular arrhythmias.

Indications of medical necessity for this service are:

- After myocardial infarction (no time limit)
- Unexplained syncope with heart disease
- Wide QRS complex tachycardia
- Ventricular tachycardia with or without coronary artery disease
- Asymptomatic complex ventricular ectopic beats
- Resuscitated cardiac arrest
- Significant left ventricular dysfunction - ejection factor less than 40 percent

Contraindications, which will result in denials, are:

- Evaluation of antiarrhythmic drug therapy
- Bundle branch block
- Screening of patients without the above indications
- Pacemaker

MSP LENGTHENED IN ESRD CASES

The Medicare secondary payer (MSP) period has been extended by six months for end-stage renal disease (ESRD) beneficiaries who are covered by an employer group health plan. Effective February 1, 1991, the employer plans are primary to Medicare for an initial 18 months instead of 12 months.

The new rule affects beneficiaries who are entitled to Medicare solely on the basis of ESRD, are covered by an employer group health plan, and began dialysis February 1, 1990, or after. Previously, Medicare became primary for such individuals after 12 months, but the new rule delays the conversion to 18 months.

The MSP provisions for ESRD beneficiaries apply to employer group health plans of all sizes and to employees and dependents covered by the plan. All items and services, not just ESRD services, are subject to MSP.

(3/1/91)

Editorials

Crisis management

Commendation is due the university and community physicians, nurses and public health officials for their response to the recent meningococemia episode at the University of Illinois at Urbana-Champaign. The rules of crisis management are, "Tell the truth. Tell it fast and tell it all. Then fix the situation." Clean up the oil spill, put out the fire.

And that's exactly what the doctors in Urbana did. In the residence halls, the fraternity houses and the classrooms, they provided information and education. And just as happens in other crises, when the public response exceeded the limits communication could handle, they went ahead and fixed it — they provided antibiotics to protect the students who probably didn't need the protection. But can you imagine the headlines if they had turned those lines of kids away?

So congratulations to the good doctors and staff in Urbana. The long hours and the extra efforts showed the media and the public once again what being a doctor is really all about.

Show and tell

And as long as we are handing out kudos, here's to the six county medical society auxiliaries that are experimenting with the concept of mini-internships. While the final wrap-up of the experiment won't take place until this week, the word from the outposts is that the "spend a day with a doctor" internship has been enormously successful.

What it's like to be a doctor is not something any of us can easily put into words. More than anything, we need to move beyond talking medicine to helping people, like the media and the legislators, to walk in medicine's shoes.

Sounds good — but the reality is that a mini-internship for even one reporter, one representative, takes hours of organizing, planning, paperwork and commitment. And here's where the auxiliary shines. These volunteers have taken an idea and turned it into a wonderful reality, donating time, effort and intelligence out of the generosity of their hearts and their commitment to medicine and the profession. The result of their labor is a program that will ultimately benefit a number of audiences, especially our patients. And that's what being a helpmate is all about. ▲

Illinois Medicine

VOLUME 3, NUMBER 4

MARCH 1, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

James H. Andersen, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbreast, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Celia J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



I always watch what I eat — right up to the moment I put it in my mouth.

Guest Editorial

Physicians who advertise should know the law



by Clair M. Callan, M.D.

Physician advertising has become an accepted practice in recent years, but there are pitfalls for the unwary. Physicians in Illinois who advertise their services ought first to know and understand the law regulating such activity.

According to the American Medical Association (AMA), there are few restrictions on physician advertising in the United States except those that exist to protect the public from deceptive practices. "A physician may publicize himself as a physician through any commercial publicity or other form of public communication ... provided that the communication shall not be misleading because of the omission of necessary material information, shall not contain any false or misleading statement or shall not otherwise operate to deceive," states an AMA Council on Ethical and Judicial Affairs opinion.

Since May 1987, however, when the Illinois General Assembly passed the new Medical Practice Act, physician advertising in Illinois has been subject to specific regulations. The act says that any physician licensed in Illinois may advertise the availability of professional services either in public media or in their offices. That advertising is, however, limited to providing the following information:

Publication of the person's name, title, office hours, address and telephone number;

Information pertaining to the person's areas of specialization, including appropriate board certification or limitation of professional practice;

Information on usual and customary fees for routine professional services offered, which information shall include, notification that fees may be adjusted due to complications or unforeseen circumstances;

Announcement of the opening of, change of, absence from, or return to business;

Announcement of additions to or deletions from professional licensed staff;

The issuance of business or appointment cards.

In addition, the act specifically forbids the use of "testimonials or claims of superior quality of care to entice the public." This includes publication of letters from grateful patients. Nor are physicians able "to advertise fee comparisons of available services with those of other persons licensed under this act."

Physicians may not advertise professional services they are not licensed to deliver. Advertisements should identify the type of license held by the licensee whose services are being promoted. Any statements containing "false, fraudulent, deceptive or misleading material or guarantees of success" are illegal. Similarly, statements that "play on the vanity or fears of the public" or that "promote or produce unfair competition" are prohibited.

Finally, if physicians advertise that they will accept payment for services directly from third party payers, they must be careful not to leave the impression that the patient will not be liable for any required copayment or deductible.

Some physicians feel uncomfortable about advertising their practices. Others have come to accept it as a necessary part of conducting business. Advertising one's services is acceptable as long as the regulations for implementation of the Medical Practice Act published by the Illinois Department of Professional Regulation are followed. The department does monitor advertising and will reprimand any physician who fails to comply with the law. ▲

Dr. Callan is chair of the ISMS Medical Legal Council.

Officials laud public partnership

Mile Square Health Center reopens after 16 months

by Tamara Strom

CALLING IT THE first undertaking of a key recommendation of the Chicago and Cook County Health Care Summit, four Illinois governmental leaders reopened Mile Square Health Center Feb. 8 on Chicago's West Side. By the end of the hour-long ribbon-cutting ceremony and tour of the facilities, more than 30 area residents had made appointments with pediatricians and obstetricians.

"Today is an exciting and historic day for both the West Side community and all the people who have worked so hard to reopen the doors of Mile Square Neighborhood Health Center," said Chicago Mayor Richard M. Daley about the clinic that had been shuttered since it went bankrupt 16 months ago. "When Mile Square closed in October 1989, it was a tragic loss to the community. People in desperate need of basic health care services suddenly found themselves with no place to go. We are here in this neighborhood today to start the healing process in more ways than one."

Joining Daley for the ceremony were Gov. Jim Edgar, U.S. Rep. Cardiss Collins (D-Chicago) and Ald. Sheneather Butler (27th). University of Illinois College of Medicine Dean Gerald Moss, M.D., and Chicago Board of Health President Whitney W. Addington, M.D., also participated in the ceremony.

Partnership gets clinic open

Reopening the clinic was made possible through a partnership agreement between the city and the University of Illinois that had been in the works for several months. Under the terms of the agreement, the city holds title to the facility and the university will staff the clinic with physicians and other health care professionals. The university will pay an estimated \$700,000 for operating costs, while the city will add nearly \$1 million and cover any unexpected funding shortfalls. Some university trustees originally opposed the plan, saying it was fiscally irresponsible, but the full board approved the project in October.

The U.S. Department of Health and Human Services (HHS) and the state of Illinois also played pivotal roles in reopening the clinic, Daley said. HHS sold Mile Square to the city for \$1, and the state's Build Illinois program provided \$325,000 to renovate the facility.

The full-service, comprehensive clinic will offer prenatal care, obstetrics and gynecology, pediatrics, x-ray and laboratory services, among others. Residents of the health care-starved West Side will receive care regardless of their ability to pay, officials said, adding that although a \$5 minimum fee is charged for each visit, sliding fee scales are being used.

Saying the university is committed to providing the best possible primary care to neighborhood residents, Dr. Moss added that, "Another goal is to improve the exposure of the students from our collective colleges

to the discipline of primary care with the hope, and indeed the expectation, that more of our students will choose primary care in a setting like this as a career choice." Dr. Moss concluded that the Mile Square experience "could serve as a model for the entire nation."

Governor praises 'pilot project'

After receiving a Mile Square patient card from Dr. Addington, Edgar echoed the goals he enumerated during his January inaugural address

(continued on page 12)



Terry Vitacco

Residents of Chicago's West Side make appointments at Mile Square Health Center. The clinic reopened Feb. 8 under a partnership between the city and the U of I.

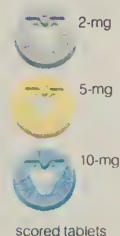


The practice is yours.
The patients are yours.
The prescriptions are yours.
Make the prescribing decision yours, too.

Check the
"May not substitute" box.

Specify **VALIUM**[®]
brand of
diazepam/Roche[®]

The cut out "V" design is a registered trademark of Roche Products Inc.



The one you know best.

New Exchange resources cover business, malpractice stress

TWO NEW RESOURCES are being offered by the Illinois State Medical Inter-Insurance Exchange for physicians new to medical practice in Illinois and for doctors coping with the stress of malpractice litigation.

The "New Physician's Handbook" examines issues relating to the business of practicing medicine. Boyd E. McCracken, M.D., chairman of the Exchange Policyholder Services Committee, said the handbook was created to help answer questions often asked of Exchange Network representatives and out of a perceived need for general information about the business side of medicine.

"[The committee] felt this factual information would be helpful to new physicians and out-of-state doctors starting a practice," he said.

The handbook includes a section on "Medicine and the Law" that examines licensure requirements and disciplinary mechanisms, Medicare and Medicaid, the National Practitioner Data Bank, and state health agencies. "Entering Practice" covers such questions as practice arrangements, hospital privileges and goals when starting a practice, while "Insurance Needs" and "Professional Liability Insurance" outline various types of personal and professional policies. "Practice Management" offers tips on improving patient relations, managing a business and risk management. Additional resources and contact information for many state agencies and professional groups are included.

Future members of the Illinois State Medical Society (ISMS) will receive copies of the handbook, as will new Exchange policyholders and third- and fourth-year medical residents. Current ISMS members will also receive the brochure because "the information is valuable to all practicing physicians, not just new physicians," Dr. McCracken said.

Kit helps cut malpractice stress

The "physician's survival kit" contains information and resources to assist physicians in coping with the stress of malpractice litigation.

Sara C. Charles, M.D., former chairman of the Exchange Physician Support Group, said the survival kit is designed "to diminish the vulnerability to emotional disequilibrium" resulting from malpractice litigation and to restore a doctor's self-esteem. Physicians can use the kit's resources to suit their needs.

"Doctors like to be in control of their environment," Dr. Charles said, "so it suits them to deal with this [stress] on their own."

The survival kit contains a recorded message from James P. Ahstrom Jr., M.D., chairman of the Physician Support Group; a list of support group volunteers; journal articles about coping with the stress of malpractice litigation; and resource materials prepared by the Exchange.

On the tape, Dr. Ahstrom advises physicians to avoid feeling rejected when they are served with a summons. "The larger your practice, the more complicated your patients'

problems and the more involved your treatment, the greater is the likelihood of being sued. The action is not necessarily taken because you have done anything wrong, or actually committed malpractice. It is taken usually if a patient is disappointed with his result."

The survival kit was recently mailed to Exchange policyholders involved in litigation. Physicians involved in future litigation will also receive kits.

For more information, contact the Exchange at (312) 782-2749 or (800) 782-ISMS. ▲



The "New Physician's Handbook" (left) contains information for physicians beginning practice in Illinois. The physician's survival kit, produced by the Exchange Physician Support Group, helps doctors cope with the stress of malpractice litigation.



Benefit Briefing

sponsored by Chicago Medical Society & Illinois State Medical Society

No. 2 in a Continuing Series of Commentaries from The Physicians' Benefits Trust

TAKING THE MYSTERY OUT OF LONG TERM DISABILITY COVERAGE



Dr. Roberts was late for rounds. He jumped into his car and sped off to the hospital. Unfortunately, he didn't fasten his seat belt...

Dr. Elliott was scrubbing up for surgery when the sharp chest pain hit her...

Or perhaps you are the one with a nagging pain you hope is not serious or who does not bother to buckle-up. Disability can happen to any of us. One moment you are fine, the next you are staring at the ceiling, wondering if you'll ever be able to work again.

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but we should give equal attention to policies that provide disability income protection. Actuarial tables show that *male* disability rates are between three and 10 times the death rate between ages 27 and 62. For *females*, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62. These disability rates are for individuals who are disabled 30 or more days.

Protecting Your Finances While Disabled

An essential part of financial planning is making sure you have the resources necessary to maintain your standard of living if you become disabled.

Disability plans generally begin paying a benefit after a waiting period (usually 30 - 180 days). Benefits typically continue until you die, recover, or reach retirement age when pension and other retirement benefits takeover. In addition, you may

be eligible for Social Security disability benefits beginning after six months.

How Much Disability Income Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. In theory, you do not need all of your income if you are not working because you do not have the expenses of working such as clothes, transportation, lunches out and the like. If you pay your own premiums, there is no tax on benefits.

How Do Disability Plans Work?

Consider the fictional Dr. Martin. When signing up for the PBT Long Term Disability Plan, Dr. Martin selected the 30-day waiting period option. This means if Dr. Martin recovers after 60 days, a one-month benefit will be paid.

If the disability is severe enough, Dr. Martin would continue to receive monthly benefits until recovery or age 65. Along the way, Dr. Martin may qualify for disability benefits from Social Security. Unlike other plans that subtract disability payments from Social Security, the PBT Long Term Disability benefit is in addition to the Social Security disability benefit.

What If You Don't Have Enough Disability Coverage?

Check your current coverage to see that it is sufficient to meet your needs. Remember that the two-thirds of pay recommendation is an estimate based on average conditions. Your personal situation may require higher coverage to pay for the education of your children, to act as a buffer against inflation, etc.

Exchange schedules second series of risk management seminars for physicians, staff

by Sean McMahan

DUE TO AN EXTREMELY positive response to the first series, a second set of risk management seminars for physicians and their office staff has been scheduled beginning March 6.

Sponsored by the Illinois State Medical Inter-Insurance Exchange, "Risk Management Strategies for Office Staff II" explains to physicians, nurses and office staff how effective risk management techniques can enhance patient care and reduce a

physician's malpractice risk. The series of 28 half-day seminars will continue through June 19 in cities throughout the state.

More than 1,600 people attended 23 seminars held between September and January, said Jere E. Freidheim, M.D., chairman of the Exchange Risk Management Committee.

"The response [to the seminars] has been excellent," Dr. Freidheim said. "The idea of risk management is now in everybody's thought pro-

cess. Most physicians realize that office personnel are part of the risk management strategy."

The seminars stress the importance of effective communication, proper documentation and sound office procedures. Seminar attendees are taught appropriate telephone techniques, including complaint handling; how to develop rapport between patients and staff; liability awareness; record retention and proper documentation methods; systems for patient follow-up;

and billing and collection procedures. Risk management brochures and other resource materials from the Exchange and the American Medical Association are also provided at the seminars.

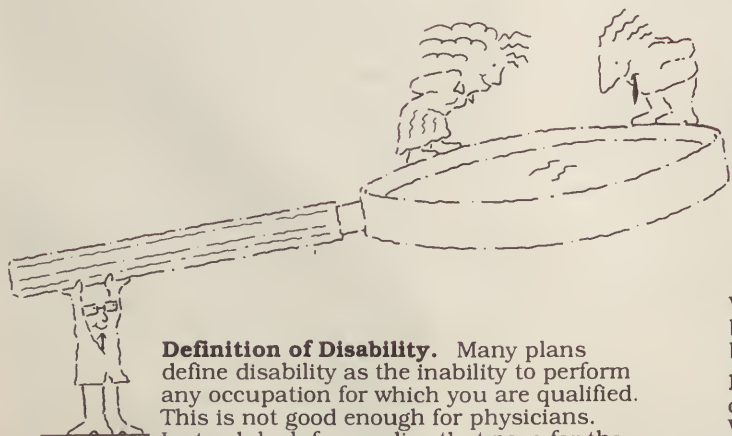
Response from physicians positive

Michael Quinn, M.D., a Gurnee orthopedic surgeon, attended a January seminar in Rosemont with his office manager. "I thought the seminar was very well done, and all doctors should attend," Dr. Quinn said. "It was basic information we all should know, but it was nice to have it presented all together in one session."

Information about handling medical records and a patient's right to those records was particularly useful to physicians, Dr. Quinn added.

The favorable response from physicians has resulted in requests for individual presentations at doctors' offices. To date, nine seminars have been presented and six more are planned.

Brochures with registration information were mailed to Exchange policyholders in February. The seminars are free, and reservations must be made in advance of the seminar date. For more information about the seminars, contact the Exchange risk management department at (312) 782-2749 or (800) 782-ISMS. ▲



What to Look For In An Individual LTD Plan

Definition of Disability. Many plans define disability as the inability to perform any occupation for which you are qualified. This is not good enough for physicians.

Instead, look for a policy that pays for the inability to perform your medical specialty. The PBT Long Term Disability Plan meets this requirement and has this single test for the entire length of your disability.

Waiting Period. The longer you are willing to wait for benefits to begin, the lower the premiums. With the PBT Long Term Disability Plan, you can select the waiting period you want: 30, 60, 90 or 180 days.

Benefit Period. A variety of options are available. The PBT offers a benefit up to age 65 if disabled before age 60.

Partial Disability. Many plans provide no coverage for partial disability, yet you need to prepare for this event. The PBT Long Term Disability Plan pays for partial disability. An important feature of the PBT Long Term Disability Plan is that a participant who is partially disabled during the Waiting Period can use that time to qualify for Long Term Disability Benefits. In many plans, a participant must be fully disabled during the entire waiting period to qualify for benefits. Carefully review your plan to determine whether or not it has this important feature. Many people become partially disabled before they become fully disabled.

The Way Benefits Are Paid. Due to the nature of business receivables, physicians who are partners or sole proprietors in their practice typically have billable income earned while working but paid after a disability begins. Some disability plans deduct this previously earned income from the doctor's disability benefit. The PBT Long Term Disability Plan does not.

When you recover and return to work, the PBT Long Term Disability Plan continues to pay a partial benefit if your income is more than 25% reduced. (This gives you the opportunity to rebuild your receivable base over time to its pre-disability level.)

Offsets. Some disability plans deduct the payments you receive from Social Security or other disability plans from the benefit they pay you. The PBT Long Term Disability Plan does not do this.

When you become disabled, you receive the full benefit you have paid for without regard to the benefits you receive from any other source.

Renewability. Look for coverage that cannot be cancelled unless you fail to pay the premium. With the PBT, your insurance stays in force as long as you make the low group rate payments. It is guaranteed to be renewed.

Cost of Living Increases. Inflation can destroy the value of your benefit in a few short years. With the PBT, inflationary increases in benefits are an elective feature you can purchase at a minimal price. It's one less worry while you are disabled. The PBT Long Term Disability Plan provides for increases due to inflation of up to five percent annually while disabled with no limit as to the number of years of coverage. Many plans do not offer this option or provide inflationary increases only during the first three to five years of a disability.

Recurrence. If the same disability recurs shortly after recovery, good plans do not require you to repeat the waiting period. The PBT begins making payments right away in the event of a recurrence.

Waiver of Premium. After you have been disabled for a period of time, you should not be required to continue making payments. The PBT Waiver of Premium provision provides this protection.

Sponsorship. Look for opportunities to purchase coverage from the professional societies that can guarantee the quality of the coverage you are purchasing. With The Chicago Medical Society and Illinois State Medical Society sponsorship of the PBT, we can assure you of the highest quality coverage at low cost group rates. The PBT Long Term Disability Plan is designed specifically for physicians based on member preference studies.

Choose The Right Protection For Your Needs. Fortunately, Dr. Roberts made his rounds on time and Dr. Elliott solved her chest pains by taking an antacid. But next time a problem could strike closer to home. Will you have the financial security you need if you become disabled? If not, contact the Physicians' Benefits Trust and ask about the Long Term Disability Plan sponsored by the Chicago Medical Society and the Illinois State Medical Society. After all, we're just what the doctors ordered.

Take the mystery out of your **Long Term Disability** protection with low cost group rates from your medical society. Call the PBT.

(800) 621-0748 • (312) 559-9130

PBT Physicians' Benefits Trust
sponsored by Chicago Medical Society & Illinois State Medical Society

Risk management seminar dates and locations:

March 6 Oak Brook

March 7 Shorewood

March 13 Oak Lawn

March 27 Chicago

April 3 Moline

April 10 Utica

April 11 Lincoln

April 17 Rockford

April 18 Bloomington

April 24 Springfield

May 1 Carbondale

May 2 Mt. Vernon

May 8 Rosemont

May 15 Peoria

May 16 Decatur

May 22 Alton

May 23 Collinsville

May 29 Lake Forest

June 5 Chicago

June 6 Oak Brook

June 12 Geneva

June 19 Matteson

Dean sees changing role for medical schools

by Catharine Reeve

LIKE MANY of us, Harry Beaty, M.D., dean of Northwestern University Medical School, has his eye on the 21st century, and with good reason. "We currently are enrolling students who will not practice independently of their training until the next century has dawned," he says. "I'm afraid we've underestimated what society's demands will be on those practitioners, demands that are in many ways different from those we see in society today."

A vast array of technological resources – and all sorts of ideas on where, when and on whom to use them – coupled with a Pandora's

box of complex health problems and needs, promises unparalleled challenges to tomorrow's physicians. That presents both problems and opportunities to today's medical school deans. For Dr. Beaty, it is a mandate to rethink and restructure the medical school's goals and curriculum.

"I don't believe that the paradigm of lecture, labs and tests, and relatively unfocused clinical experiences is the way to educate students for the future," he says. "That's the way we do it now, but I believe that we have to evolve to a new way of doing it, a new paradigm. That translates into a different approach toward the students, with fewer lectures and fewer

tests of their memory and more small group discussions and problem solving."

Dr. Beaty, 58, is a product of the traditional medical education that he believes is no longer adequate for the coming century. He received his medical degree from the University of Washington, Seattle, in 1958. (His specialty is internal medicine, with a subspecialty in infectious diseases.) While moving up the academic ladder to full professor at the University of Washington Medical School, he simultaneously directed the educational programs in one of that university's major hospital affiliates. He left Washington to chair the department of medicine at the University of Vermont, Burlington, in 1976, and came to Northwestern as dean in 1983.

"I've been a teacher in a clinical setting for many years," he says, noting the satisfaction teaching and being involved with students has brought him. Even as dean, Dr. Beaty continues to teach, doing a two-week stint in clinical services four times each year. Being dean has its drawbacks, though. "In some cases, it seems almost undoable by one person," he says, "because of the complex needs of all the constituencies one must serve." But it also offers "wonderful opportunities for creative responses" to the needs of medical education.

Memorizing not the key

These aren't just words to Dr. Beaty, whose serious demeanor matches the weight he gives to the new model he is guiding into place at Northwestern. The plan encompasses methods to manage the vast body of knowledge that accumulates at a dizzying pace in the medical arena. Memorizing is not the key; there is too much information, and it changes too frequently.

"So if you're not going to try to memorize everything," says Dr. Beaty, "you have to know where to get specific information in a real-time sense so you can apply it in making decisions about a patient's problems." Dr. Beaty envisions future physicians turning to computers in their offices as important information resources. This is a real change, he notes, to have a group of students "with the professionalism and capacity to turn freely to an information source that is available to them but not in their heads."

Computers also offer new opportunities in teaching methods, and the dean wants to take advantage of them. "Computer simulation is an extremely powerful tool in teaching clinical decision making," he says. "We know that it works. For example, airline pilots who spend an hour in a trainer designed to operate like a DC-10 get credit for flying a DC-10 for that hour. So we're developing a focus on computer simulation in one arm of our educational activities."

But Dr. Beaty's new approach includes more than computers. Letting go of memorizing means that students need a philosophy by which they can approach learning, as well as a method of sorting and analyzing information.

Trying to change the way students



Harry Beaty, M.D.

manage information means major changes in how they are taught. Educational goals that transcend departments are necessary, so the new approach removes responsibility for curriculum development from individual departments and places it in the hands of the university. That permits a coordinated approach to what the students are learning and how they are being taught.

One essential skill that Dr. Beaty believes must have more emphasis is the ability to communicate, both with patients and with other professionals. This involves a deeper understanding of interpersonal relationships, particularly important when the physician seems to hold the cards in the relationship.

Other areas exist where Dr. Beaty sees a need for change – more exposure to primary care and ambulatory care experiences before a student decides on a specialty, for one. At the moment, however, he is finding that implementation is much more difficult than planning and research. "It's just now beginning to take hold," he says. How well it works depends on many factors, not least the medical students it is designed to benefit.

Students highly motivated

"The students today are highly motivated, sensitive people who literally want to serve," he says. "We have a lot of examples of students who want to reach out." One is the youth program a medical student initiated with children and teen-agers at Chicago's Cabrini-Green housing project that has grown into a "program of stature," says the dean. Interested medical students develop an ongoing relationship with the youths, serving as both their friends and teachers.

Obviously, the ideal physician combines the commitment to serve with the commitment to learning. Dr. Beaty's hope is that the new paradigm Northwestern is implementing gives students an array of strengths for the future. "We're not training them as if they don't have graduate medical education facing them," he says. "We're training them more to be outstanding in the next phase of their education." ▲

Editor's note: This article is the second in a series profiling Illinois' medical school deans.

YOCON[®] YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

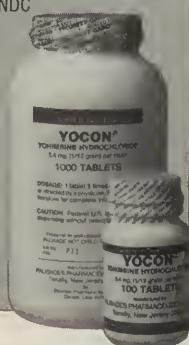
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**

219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Members in the News

Michael Reese Hospital and Medical Center renamed its annual stroke symposium the "Dr. Louis D. Boshes Stroke Symposium" in



Louis D. Boshes, M.D.

honor of the many years of service of **Louis D. Boshes, M.D.**, of Chicago. Dr. Boshes was also honored with the Distinguished Service Award by the hospital for his lifetime commitment to the education of neurologists.

Colleagues cited Dr. Boshes' contributions both nationally and internationally for more than 50 years to teaching, research and patient care in neurology. He is clinical professor of neurology emeritus at the University of Illinois College of Medicine at Chicago, and has been a professor at Northwestern University Medical School. Dr. Boshes also helped establish the Chicago Neurological Society and the Central Neuropsychiatric Associations, and serves as ambassador for the International Bureau of Epilepsy.

A recognized leader in epilepsy, neurodegenerative diseases and neurological history, he has written hundreds of articles and is an editor for several neurological journals. Dr. Boshes continues to teach, and is the official archivist for the Chicago Neurological Society.

Warren Breisch, M.D., of Mazon, has retired after 23 years as volunteer medical director of the Grundy County Nursing Home. Dr. Breisch, who attended the Chicago Medical School, established his practice in Mazon in 1931. He has been honored in the past with events such as "Dr. W.F. Breisch Appreciation Day," and, in 1988, he received a Distinguished Service Award from Joliet Junior College.

James S. Ward, M.D., of Peoria, and **John J. Taraska, M.D.**, of East Peoria, were installed as president and president-elect, respectively, of the Peoria Medical Society at its annual meeting. Dr. Ward is a graduate of the University of Iowa and has practiced psychiatry in Peoria since 1965. Dr. Taraska is a graduate of Jefferson Medical College and has served at Gorgas Hospital in the Panama Canal Zone. He has practiced pathology in Peoria since 1972.

"**Jong D. Lee, M.D.** Appreciation Week" was observed Jan. 14-18 in Havana, honoring Dr. Lee for more than 15 years of dedicated, unselfish service at Mason District Hospital and Havana Medical Center. The proclamation was signed by Havana Mayor Allan D. McNeil.

At his recent open house, friends and former patients of **G. M. Churukian, M.D.**, of Paris, gathered to honor him as he celebrated his 65th year of practice. Dr. Churukian has practiced medicine in five countries on three continents. He began his practice in Paris in 1940, and still lives in the house he bought the day

he arrived.

Now 93, Dr. Churukian graduated from the American University Medical School in Beirut, Lebanon. Before settling in Paris, he served with the British Government Medical Service, and continued his medical studies in London and Paris. He worked in New York and Cleveland before applying to the American Medical Association for practice opportunities, which led to an offer to head the department of medicine at Paris Hospital. His practice is more limited now, but he keeps busy reading, visiting and playing golf. ▲

- Compiled by Anna Brown



Wm. Daniels/The Photo Partners

The ISMS Hospital Medical Staff Section elected its 1991-1993 Governing Council members at its annual meeting Feb. 9. Front row, from left: William E. Kobler, M.D., vice chairman; Dennis M. Brown, M.D., chairman; and Silvana Menendez, M.D., at-large member. Back row, from left: Theodore Kanellakes, M.D., alternate delegate; Joseph L. Murphy, M.D., at-large member; and Jaroslav F. Neskodny, M.D., delegate. ▲

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex





Because You Have More Important
Things Than Malpractice Insurance
to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC
call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Obituaries

* indicates ISMS member

** indicates member of ISMS Fifty Year Club

*Aren

Marvin W. Aren, M.D., of Northbrook, died September 27, 1990 at the age of 75. Dr. Aren was a 1941 graduate of the University of Illinois College of Medicine, Chicago.

**Aronoff

Joseph Aronoff, M.D., of Louisville, KY (formerly of Morton), died November 30, 1990 at the age of 76. Dr. Aronoff was a 1938 graduate of Indiana University School of Medicine, Indianapolis.

*Bender

Harry Z. Bender, M.D., of Oak Brook, died October 21, 1990 at the age of 66. Dr. Bender was a 1953 graduate of Medizinische Fakultät der Ludwig Maximilians Universität, Munich, Germany.

*Consigny

Paul Consigny, M.D., of Peoria, died December 10, 1990 at the age of 75. Dr. Consigny was a 1942 graduate of Northwestern University Medical School, Chicago.

*Dobbie

James G. Dobbie, M.D., of Chicago, died December 1, 1990 at the age of 64. Dr. Dobbie was a 1955 graduate of the Medical College of Wisconsin, Milwaukee.

*Farion

Alexander Farion, M.D., of Lincolnwood, died September 29, 1990 at the age of 74. Dr. Farion was a 1941 graduate of University J.K. Wydział Lekarski, Lwow, Poland.

*Fisher

Robert A. Fisher, M.D., of Chicago, died December 10, 1990 at the age of 78. Dr. Fisher was a 1943 graduate of Faculté de Médecine de l'Université de Genève, Geneva, Switzerland.

**Friedman

Harry Friedman, M.D., of Wilmette, died October 13, 1990 at the age of 88. Dr. Friedman was a 1925 graduate of Rush Medical College, Chicago.

*Green

Martin W. Green, M.D., of Oak Park, died November 1, 1990 at the age of 75. Dr. Green was a 1941 graduate of Chicago Medical School.

**Haas

John P. Haas, M.D., of Chicago, died October 23, 1990 at the age of 81. Dr. Haas was a 1939 graduate of Loyola University Stritch School of Medicine, Chicago.

*Heidenreich

Clarence Heidenreich, M.D., of Olympia Fields, died October 13, 1990 at the age of 67. Dr. Heidenreich was a 1948 graduate of the University of Nebraska College of Medicine, Omaha.

*Heller

Philip Heller, M.D., of Hilton Head Island, SC (formerly of Des Plaines) died January 10, 1991 at the age of 71. Dr. Heller was a 1945 graduate of Northwestern University Medical School, Chicago.

**Jamison

Dan Jamison, M.D., of Wheaton, died November 7, 1990 at the age of 89. Dr. Jamison was a 1931 graduate of the University of Illinois College of Medicine, Chicago.

*Kotalik

George C. Kotalik, M.D., of Berwyn, died December 22, 1990 at the age of 73. Dr. Kotalik was a 1945 graduate of Wayne State University School of Medicine, Detroit, Michigan.

**Krupka

Roman Krupka, M.D., of Norwood Park, died July 21, 1990 at the age of 86. Dr. Krupka was a 1930 graduate of University J.K. Wydział Lekarski, Lwow, Poland.

*Kuhl

Dorothy Kuhl, M.D., of Oak Brook, died November 1, 1990 at the age of 70. Dr. Kuhl was a 1944 graduate of the University of Iowa College of Medicine, Iowa City.

**Ledien

Ulrich F. Ledien, M.D., of Peoria, died November 17, 1990 at the age of 95. Dr. Ledien was a 1921 graduate of Medizinische Fakultät der Universität Hamburg, Hamburg, Germany.

*Lendrum

Bessie Lendrum, M.D., of Chicago, died December 1, 1990 at the age of 77. Dr. Lendrum was a 1948 graduate of the University of Illinois College of Medicine, Chicago.

**Madden

J. Donald Madden, M.D., of Oak Lawn, died December 12, 1990. Dr. Madden was a 1936 graduate of Loyola University Stritch School of Medicine, Chicago.

**McGee

Andrew J. McGee, M.D., of Sarasota, Fla. (formerly of Pontiac) died September 28, 1990 at the age of 84. Dr. McGee was a 1934 graduate of Northwestern University Medical School, Chicago.

*Metz

Norbert C. Metz, M.D., of Chicago, died November 23, 1990 at the age of 70. Dr. Metz was a 1947 graduate of Medizinische Fakultät der Universität Heidelberg, Germany.

che Fakultät der Universität Heidelberg, Germany.

**Petrizio

Joseph A. Petrizio, M.D., of Murphysboro, died April 27, 1990 at the age of 84. Dr. Petrizio was a 1936 graduate of Loyola University Stritch School of Medicine, Chicago.

**Procopie

George T. Procopie, M.D., of Chicago, died November 19, 1990 at the age of 87. Dr. Procopie was a 1934 graduate of Institutul de Medicina si Farmacie, Bucharest, Romania.

*Radkins

Laurent Radkins, M.D., of Quincy, died October 6, 1990 at the age of 67. Dr. Radkins was a 1952 graduate of the Pritzker School of Medicine of the University of Chicago, Chicago.

**Schultz

Alfred G. Schultz II, M.D., of Jacksonville, died October 5, 1990 at the age of 80. Dr. Schultz was a 1937 graduate of Northwestern University Medical School, Chicago.

**Terone

Henry M. Terone, M.D., of Chicago, died December 5, 1990 at the age of 79. Dr. Terone was a 1939 graduate of Chicago Medical School.

**Tinsley

Milton Tinsley, M.D., of Chicago, died October 12, 1990 at the age of 80. Dr. Tinsley was a 1936 graduate of the University of Illinois College of Medicine, Chicago.

*Yazijian

Hampar Yazijian, M.D., of Chicago, died November 21, 1990 at the age of 68. Dr. Yazijian was a 1947 graduate of Bursa Tip Fakültesi Istanbul Üniversitesi, Bursa, Turkey.

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

SEPTEMBER 1990

Stephan L. Roth, Colchester – physician and surgeon license placed on probation for an indefinite period of time, his controlled substances license was suspended for an indefinite period of time, and he was fined \$3,000 after he allegedly dispensed controlled substances to patients for long periods of time and failed to keep proper dispensing logs.

OCTOBER 1990

John R. Edmiston, Chicago – physician and surgeon license placed on indefinite suspension for a minimum of three years after the State of Florida disciplined him based on allegations that he had inappropriately and excessively prescribed various drugs to patients.

Irving Starkman, Chicago – physician and surgeon license placed on probation for three years after he was convicted of felony conspiracy and theft.

Robert Kovachevich, Chicago – physician and surgeon license suspended indefinitely for practicing

medicine while his license was in non-renewed status.

Deyan Popovic, Chicago – physician and surgeon license revoked after he aided and abetted an unlicensed individual, prescribed to individuals who were not his patients, and submitted claims for medical services never rendered.

Delmacio Cusi, Chicago – physician and surgeon license reprimanded and he was fined \$5,000 for aiding and abetting the unlicensed practice of medicine.

Christopher Hinson, Scottsdale, Az – physician and surgeon license suspended for 90 days after he aided, abetted, encouraged and assisted an unlicensed individual in the practice of medicine.

Mark Stevens, San Diego, CA. – physician and surgeon license placed on probation for two years after he was disciplined in the State of Kentucky in December of 1986 for substance abuse.

Hassan Sultani, Chicago – physician and surgeon license placed on probation for four years after the Department filed a complaint alleging non-therapeutic self-prescription of controlled substances and gross negligence in the performance of surgery and treatment of a cancer.

Robert Scott Springer, Cumberland, Maine – physician and surgeon license approved and placed on indefinite probation for five years after his Maine license was revoked and reinstated as a conditional license.

Department Chairman Surgery

A major diversified northside Chicago medical center seeks candidates for the position of Department Chairman Surgery. The medical center is a 350-bed teaching institution affiliated with the University of Illinois College of Medicine.

Candidates must be Board Certified in General Surgery or other surgical specialty and have demonstrated administrative experience. This position has total responsibility for the administration and quality of medical care in the department and in the Surgery Outpatients Clinics.

The Chairman is responsible to the Board of Directors reporting through the Medical Board on medical matters, and to the President on administrative matters.

This position is geographic full-time and offers competitive compensation and benefits, with a considerable practice opportunity. Please send your curriculum vitae in complete confidence to:

Box 2188
c/o Illinois Medicine
20 North Michigan Avenue
Suite 700
Chicago, IL 60602

Equal Opportunity Employer M/F

Physicians paying up outstanding loans

by Tamara Strom

ILLINOIS PHYSICIANS are paying off their outstanding student loans, thus avoiding disciplinary action by the Illinois Department of Professional Regulation (IDPR). In its fourth year, a match program between the IDPR and the Illinois Student Assistance Commission (ISAC) is forcing professionals licensed in Illinois to repay outstanding student loans or face losing their license to practice in Illinois, said IDPR spokesman Barry Hickman.

Of the 3,200 disciplinary actions taken against Illinois professionals for non-payment of student loans since 1986, 50 have been against physicians and chiropractors, Hickman said. Although physicians are far from the most frequent abusers (1,383 cosmetologists currently have delinquent loans), "Doctors do have the largest dollar amount per loan of all the professionals we regulate," Hickman said. "Physicians have a lot more money out [in loans] because it costs much more to go to medical school than it does to go to barber college, for instance."

Overall, Illinois' default rate for student loans is relatively low, said ISAC spokesman Robert Clement. While the national average hovers around 15 percent, only about 5 percent of student loans taken out in Illinois end up in default, he said.

IDPR identifies individuals with outstanding loans when the professional applies for license renewal, Hickman said. When physicians re-

turn their medical license renewal forms, IDPR notifies ISAC to check the names against the master list of loan defaulters, he said. Anyone whose name appears on the defaulter list receives a "Refuse to Renew Order" from IDPR. The professional must then establish a repayment

plan with ISAC or the license will not be renewed. "We've had a tremendous response rate, from not only physicians but from all the professions we regulate," Hickman said. "Most professionals like to be in good standing with the department, and without repaying their loans that is impossible."

Illinois medical professionals with outstanding student loans*

Nurses	554
Dentists	61
Physicians & chiropractors	50
Pharmacists	40
Physical therapists	5
Psychologists	2

* since 1986, by profession
Source: Illinois Department of Professional Regulation

turn their medical license renewal forms, IDPR notifies ISAC to check the names against the master list of loan defaulters, he said. Anyone whose name appears on the defaulter list receives a "Refuse to Renew Order" from IDPR. The professional must then establish a repayment

plan with ISAC or the license will not be renewed. "We've had a tremendous response rate, from not only physicians but from all the professions we regulate," Hickman said. "Most professionals like to be in good standing with the department, and without repaying their loans that is impossible."

department. "[The probation places them] on the borderline of not being in good standing with the Illinois Department of Professional Regulation," he said. "The next time they face a penalty [it] will be a little more severe" because their license is on probation.

Those who do not repay the outstanding loans are faced with more dire consequences, Hickman said. Penalties range from a reprimand and probation to suspension and license revocation. Since the program's inception in 1986, two dozen Illinois professionals have lost their licenses for not repaying student loans, he added.

"If you lose your license, you can't practice, so it's a stiff penalty," Hickman said. "I think we send a clear message to professionals that they either have to repay their loans in a timely manner or face the prospect of not practicing in this state."

Hickman said another reason the program is so successful is because it is inexpensive. Most of the work is done by computer listings and through the mail, he said, which "doesn't take a lot of manpower." More than \$1 million in outstanding loans has been repaid since IDPR began using the threat of non-renewal as an "enforcement tool," he said. "We're quite pleased with the success rate. The program is inexpensive, but effective." ▲

Mile Square

(continued from page 5)

— cooperation and prevention. "Mile Square is a realization of both of those goals, and I'm delighted to be here and see this center open, and to recognize this as a one of a kind in this nation, a pilot project," Edgar said. He noted that neighborhood residents can now get medical care before their illnesses become more serious, which saves money and suffering. Citing the state's precarious financial situation, Edgar called for similar partnerships to continue providing high-quality services to Illinois residents.

Collins echoed Edgar's sentiments that more cooperation between the levels of government is necessary to solve the complex problems of ur-

Illinois State Medical Society's student loan program boasts zero default rate

by Tamara Strom

THE ILLINOIS State Medical Society's (ISMS) student loan program boasts a perfect record of loan repayments. Since 1983, when ISMS began making loans to third- and fourth-year medical students, not one student has defaulted on a loan, according to ISMS records.

Of the 346 loans issued, 38 have been repaid in full and 11 more are currently being repaid. Loans do not come due until students have completed all of their medical education, including internships and residencies. To date, ISMS has loaned \$693,400 to medical students, and the society has allocated an additional \$174,000 for 1990-91 student loans.

The success of the ISMS loan program lies with "[us] keep[ing] in constant communication with the students," said Fred Z. White, M.D., chairman of the ISMS Committee on Financial Aid to Medical Students. "We keep a close rein on them." Because students typically move frequently, it is difficult to keep track of them, Dr. White said. "They don't get their mail because they move, and if they don't get their mail, they don't pay their bills." ISMS makes annual contact with loan holders to update records, he said.

ISMS loans are "out-and-out money grants" with no strings attached, Dr. White said. Students are not required to practice in any particular areas following graduation or to repay the loan with "any kind of service," he said.

Eligible candidates for an ISMS medical education loan must be Illinois residents, enrolled as third- or fourth-year medical students at an Illinois medical school and designated financial aid recipients by their school. Loan recipients also must pledge to become ISMS student members, Dr. White said.

After graduation, students can apply for extensions on their ISMS student loans if they are enrolled in further educational programs, Dr. White said, adding that the committee gives extensions after reviewing the merits of each case. ▲

ban health care. "We must continue to work together," she said, "recognizing that neither the city, the county, the state, the federal government nor the community residents themselves can solve these problems in isolation."

Having been a teen mother herself, Butler, chairman of the City Council's Health Committee, had personal reasons for pushing to reestablish Mile Square as a neighborhood clinic in her ward. Calling the closure of Mile Square the community's "worst nightmare, I knew just how important it was for mothers to get prenatal care in the first trimester," she said. "So I set it out as a personal goal, that if I didn't do anything else, I had to save the babies and save those mothers." ▲

MEDICAL MALPRACTICE INSURANCE WITH DISTINGUISHED BENEFITS!



EXAMINE THE DIFFERENCE!

M.D., J.D. NATIONAL LEGAL COORDINATION NETWORK
(WITH LOCAL TRIAL ATTORNEYS)

PRIOR ACTS COVERAGE/LIBERAL TAIL PROVISIONS

REINSURED THROUGH ZURICH RE.

NON-ASSESSABLE POLICY

RISK MANAGEMENT THROUGH ELM
APPROVED FOR 15 AMA C.M.E.'s

\$50,000 CREDENTIAL & DISCIPLINARY
LEGAL EXPENSE REIMBURSEMENT PLAN

UNITED PHYSICIANS INSURANCE

RISK RETENTION GROUP
180 NORTH LASALLE STREET, SUITE 2920
CHICAGO, IL 60601

FOR MORE INFORMATION CALL

(312) 236-3133 OR (800) 767-0909

Phelan's proposed health budget also called for construction of a new hospital. Phelan has repeatedly vowed to seek funding to build a new 600-800 bed facility.

"We've heard this testimony so many times, we've become immune to it," said Commissioner Carl Hansen (R-Mt. Prospect). "Political football is played with something that involves human lives. Sadly, since we've taken control of the hospital, it's only gone further downhill."

The hospital's interim director Ruth Rothstein, on loan to County Hospital for six months from her post as president of Mt. Sinai Hospital Medical Center, told the board's Health and Hospitals Committee on Feb. 5 that the hospital is "out of control." She said long-range planning to build a new hospital is all well and good, but implored the board to correct the life safety violations that caused the facility to lose its accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Rothstein said the board must address the hospital's short-term problems. "A new hospital is not an answer," she said. "That would take five, six, seven years. To get our accreditation back we have to file an application as if we are a new hospital. But we're not ready to do that because the issues that got us [into this situation] are still there. Something has to be done with Cook County as it sits today."

The JCAHO disaccreditation triggered additional surveys by the U.S. Health Care Financing Administration and the Illinois Department of Public Health. At risk is nearly \$100 million in Medicare and Medicaid reimbursements that make up about 30 percent of the hospital's operating budget. "This is serious," she said of the January JCAHO action, "because it impacts heavily on the teaching programs and the ability of Cook County Hospital to deliver service to

its patients." About 450 residents work at Cook County Hospital in various training programs.

Morale among staff members is low, she said, acknowledging that it is difficult to offer a comprehensive assessment based on her few weeks as interim director. In particular, she said the medical staff has several factions battling one another instead of unifying to meet the hospital's mission of delivering care to those in need. "There's no one thing that binds the hospital together," Rothstein said. "So, it's not like a hospital. It's more like a community with a lot of different neighborhoods, and each neighborhood has its own reason for being and its own agenda."

For their part, during the Feb. 14 public hearing, medical staff representatives expressed their distress at the problems at County Hospital in the wake of the JCAHO accreditation loss. "The recent loss of JCAHO accreditation has created yet another crisis situation," said Fakhruddin Hasta, M.D., president of the hospital's House Staff Association. Dr. Hasta agrees with Rothstein that losing the hospital's training programs could "cripple health care delivery to the hundreds of thousands of patients" who depend on the hospital for their care. The hospital is already experiencing a decline in residency match contracts for the coming year.

Cook County Hospital Medical Director Agnes Lattimer, M.D., said the hospital is experiencing a "significant reduction in the number of applicants" for its training programs, particularly among graduates of U.S. medical schools. "There is also some reluctance of house staff to sign contracts for their second year of training that begins in July," she added.

Hansen said the disarray of the hospital "is no surprise" to him. Commissioner Maria Pappas (D-Chicago) called the hospital "a house of cards that the board has been sitting on for several years." But even with the commissioners acknowledging the severity of the hospital's problems, the County Board



During the Feb. 14 public hearing on the Cook County health budget, Len Kazmerski of The Civic Federation called for the commissioners to act like a "real board of trustees" and not like the hospital administration.

bureaucracy still stands in the way of progress, said Commissioner Mary McDonald (R-Lincolnwood). "I wish there was a magic wand to cut away the bureaucracy," she said.

That magic wand is unlikely to appear, as some commissioners appear bent on solving the problem with seemingly improbable solutions. Both commissioners Ted Lechowicz (D-Chicago) and John Stroger (D-Chicago) pointed to an affiliation with the University of Illinois as a necessary step.

A meeting between university President Stanley O. Ikenberry, Interim Chancellor James Stukel and Phelan last month addressed that very issue. But according to Gerald Moss, M.D., dean of the University of Illinois College of Medicine, school officials quickly dismissed the possibility of a formal linkage between the university and the county.

In addition to the accreditation problems facing the commissioners, constituents placed recurring hospital safety and policy questions back on their plates. Officials from the Illinois Nurses Association (INA)

called for more competitive salaries and a long-awaited parking structure. "We walk blocks from the available parking and we have been mugged," said Elaine Williams of INA. Hansen responded that, "Like many things at the hospital, we seem to be off in another world" in not following through with the garage construction.

A third of those testifying at the public hearing supported reinstating abortion services at Cook County Hospital, one of Phelan's major campaign promises. Former County Board President George Dunne instituted the ban in 1980 by executive order, an action the board subsequently ratified. Phelan has said he intends to reverse the action, but has not yet done so. It is unclear whether he can do it by executive order, or whether board action is required.

The idea met with considerable opposition from most commissioners, however. Hansen told testifiers, "You're asking the community to pay for this elective procedure over which it is sorely divided." ▲

CMS

(continued from page 1)

said. "The number has been pretty stable from year to year."

Rem stressed that Illinois physicians who have contracts with the state to perform independent evaluations to determine if workers are fit to return to their jobs are getting paid for the assessments they do. In addition, some state departments — corrections, mental health and transportation — run their own worker's compensation programs, so physicians treating employees who work in those departments are being reimbursed for their services, she said.

An annual occurrence

"We've noticed a marked slowdown in payments and we rebilled a few things in October or November that are on our delinquent list," said Pat Miles, the bookkeeper for F. William Schroeder, M.D., a Springfield orthopedic surgeon who treats state employees with worker's compensation claims. "But really it's nothing new for us. You hate to see it happen, but it happens every year."

For the six years Miles has worked for Dr. Schroeder, she said the payments from the state have slowed down around this time of the year.

"You don't get too much money at all in the spring," she said. "The payments get slow until the new fiscal year starts."

Patients, too, are feeling the crunch of unpaid bills. Some are being hassled by creditors because their hospital or physician bills have been turned over to collection agencies, Rem said. The department has received about 50 such calls from patients to date.

"When we get a call from an employee complaining about credit problems, we step in to explain to the creditors that it's not the employee's fault," she said. "We explain the lack of funds and tell them the employee is not a credit risk. So far, we've been able to handle it verbally."

In the next few months, physicians also will see a slowdown in reimbursement for services covered by the state employee health insurance plan, which covers about 172,000 state workers.

To cover all anticipated medical payments under the employee health insurance plan, CMS would need to add \$48 million to the \$237.1 million in its fiscal 1991 budget, Rem said. Physicians will be paid for the health insurance claims they submit, but it may not be until July,

the start of the next fiscal year. The current payment cycle of five to six weeks will not be maintained once CMS runs out of money, she said, adding that a supplemental appropriation is the only way to reverse the problem.

"The financial situation here isn't very happy, but most physicians have been through this before," Rem noted. "If we keep paying all the bills as we are, we're going to run out of money by April. So it will happen. Our goal is to just get through this fiscal year and delaying payments is our strategy to do that."

Good will could wane

Stretching the reimbursement cycle brings back unhappy memories of the "slow pay or no pay" Illinois physicians experienced in the past, said Alfred J. Kiessel, M.D., chairman of the Illinois State Medical Society's Third Party Payment Processes Committee.

"What other vendor would continue to provide services when they haven't been paid in eight months?" Dr. Kiessel asked. "Individual physicians can't continue to carry turnaround time for eight months. It's taking money from doctors' pockets to support the state and that's not fair."

Dr. Kiessel said the payment slowdowns and stoppages could have disastrous and long-term effects for the state. "Some doctors will be very patient, but others may balk, although probably not many," he said. "No doctors are going to be worried about how they're going to get paid if there is an ill patient in their office. But they would get upset about it the next day."

Physicians will be reluctant to contract with the state to provide care for employees, he said, adding that the medical community understands that budget constraints and increased utilization for state programs like Medicaid are putting strains on available funds. He said he perceived Gov. Jim Edgar as "open and willing to try to work with" physicians to address the reimbursement problems.

"But let's be realistic," Dr. Kiessel said. "Nobody wants to pay more taxes, not even doctors, and ultimately that's where the money comes from. There will have to be some realignment of priorities. The injured people who work for the state need the services, so something is going to have to be done. Either we have to raise more money or rearrange priorities. The legislature will have to go in one direction or the other." ▲

were discussing that, things calmed down on their own." He said parents were understandably upset, and even his own mother called to implore him to take the antibiotics.

"We concur with the group of students the university targeted," Fella said. "They're getting to anyone who had contact with the two boys. They've gone one step beyond the usual yard marker of public health guidelines for this disease."

Because meningococcus is not spread through casual contact, public health guidelines recommend antibiotic prophylaxis only for those who came in direct contact with the infected person, such as "roommates or boyfriends and girlfriends – those who are at highest risk," said John Segreti, M.D., a Chicago infectious disease specialist.

"It may be overly conservative" to prescribe the antibiotics to any student who asked, Dr. Segreti said, but by treating those who did not have any known contact with the infected students, "It is very possible you can expect to stem the outbreak. It wouldn't do any harm." He added that once people have the bacteria in their bloodstream, even young, healthy students can die very quickly. Toxins released by the organisms cause the infected person's blood pressure to drop sharply, sending him into shock. Although penicillin or ampicillin is effective in killing the bacteria, the body must fight off the toxins already released to avoid circulatory collapse, Dr. Segreti noted.

College students are at particular risk

University health officials also spoke in the two students' classes to explain the need for antibiotic prophy-

laxis and ease worries that the disease is easily spread. Although meningococemia is not as infectious as airborne diseases such as measles or chicken pox, university students are at increased risk for developing the disease because their active lifestyle includes close contact with many people at parties and in dormitories and fraternity houses.

Local public health authorities also say college students are vulnerable to meningococcus because they often disregard the warning signs of illnesses. "If they have a cold or the flu, they ignore it and go on with business as usual, not seeking medical attention," Fella said.

Although both students who died had Type C bacteria, for which a vaccine is available, Dr. Kingston said Centers for Disease Control guidelines advise against immunization for college populations.

Rumors fueled panic

The university health center sees a case of meningitis about every three years, Dr. Kingston said, and "sometimes a patient dies." But having two deaths in a span of three days is unusual, accounting in part for the panic within the student body about the possibility of a carrier. Ironically, Dr. Kingston believes the success of AIDS education efforts was another factor fueling the panic.

"Health educators and the health care industry in general have done a tremendous job of communicating AIDS awareness among college-age students," he said. "There is strong consciousness among students that they don't only have sex with their own sex partners, but in effect with all of their partners' partners as well. They are immersed in the theory of secondary contacts. So to the lay



University of Illinois students line up outside McKinley Health Center in Urbana to receive rifampin. Student fears led university health professionals to deliver antibiotics to about 6,455 people over a one-week period.

public, the concept of one disease – AIDS – spills over to this disease, even though the epidemiology of the two diseases are different."

He said the school's rumor mill was churning full force during the first few days of the outbreak, and that "constant rumors" of a third death heightened fears. In addition, although most media accounts of the student deaths were "factual," some overdramatized the situation using headlines such as "Killer on Campus," he said. "We think all these factors added up to generate a phenomenal pressure to cover so many individuals with antibiotics."

The Illinois Department of Public Health (IDPH) provided back-up assistance to the university and the Champaign-Urbana health department, said IDPH spokesman Thomas Schafer. "We rely on the local health department and the university to handle most of the work," Schafer said. "We provide technical

expertise from here by doing the laboratory work to serotype the bacteria. The university and the health department [did] exactly what they should [have]."

When meningitis outbreaks occur in smaller Illinois communities, IDPH often becomes more directly involved, he said, but in this case the state can rely on the "good medical personnel" of the university.

Dr. Kingston lauded the 15 full-time university physicians and five community physicians who pitched in to see students at the health center and distribute antibiotics. "I'm very proud of our physicians and our whole support staff," he said. "A number of the physicians worked 16 to 20 hours a day for several days to clearly get as much service to the students as possible. Most likely we've seen the last of this outbreak. I can't rule it out, but I would be quite surprised if we saw a third one." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Medical surgical center seeking physicians to work part-time in the following specialties: surgical gynecology, dermatology, plastic/cosmetic surgery, varicose vein treatment, urology, podiatry, general surgery. Please send CV to Administrator, 1455 Golf Rd., Suite 108, Des Plaines, IL 60016, or call 708/390-9300 or 708/390-0300.

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, ophthalmology. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgicenter. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Central Illinois: Seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago – Seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require emergency medicine or primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Michigan City, Ind. – seeking full-time and part-time emergency physicians for 99-bed, low volume hospital emergency department within hours drive of Chicago. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 20, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioner – Unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Southwest Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Central Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Internal medicine – Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital – 8 bed ICU – excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River, central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

Private practice opportunities exist in southern Indiana affiliated with a 590 bed hospital. Specialties include internal medicine and family practice. Competitive compensation plan and attractive partnership arrangement available. Send CV to Don Hoit, 12161 Lackland Rd., St. Louis, MO 63146, or call 1-800-336-3963.

BE/BC Allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner for short-term full-time work in progressive southwest Illinois facility. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Geriatric medicine fellowship – University of Illinois at Chicago section of geriatric medicine offers positions for July 1991 and 1992. Program directed by Alvar Svanborg, M.D., Ph.D., for BC/BE internists. Facilities include hospital inpatient unit, consultation service, comprehensive outpatient geriatric assessment clinic, teaching nursing home, and home-health service. Strong teaching and research components. AA/EOE. Contact: David O. Staats, M.D., Department of Medicine (787), University of Illinois at Chicago, 840 S. Wood St., Chicago, IL 60612; 312/996-4750.

Nephrologist/internist needed for small, near northside practice. Will provide dialysis facility equipped for hemodialysis and peritoneal dialysis, as well as a doctor's office, exam room and waiting room. If interested in this very new, lucrative position and practice opportunity, please send CV for consideration to 7809 Lake St., Morton Grove, IL 60053.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Choose between ... several excellent family practice opportunities in Illinois, Wisconsin, Arizona and Maryland. Solo and group positions available with guaranteed salaries and competitive benefit packages. To discuss these positions in confidence, please call 1-800-969-7715. Dan Jones, Gielow/Laske Associates, Inc., 306 N. Milwaukee St., Milwaukee, WI 53202.

Central Illinois. New facility, expanding staff, provide medical services to student clientele. No DRGs, no nights, 40-hour week, ample time off – opening for BC/BE family practitioner. Full-time 11 month position, competitive salary/benefit package. Application deadline June 1, 1991. Contact Glenn Weiss, Medical Director, Illinois State University, Normal, IL 61761; 309/438-8795. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Minnesota communities seek family physicians: private practice opportunities in attractive settings offer guarantees plus incentives, benefits and hospital support. Locate your practice in Minneapolis, Richfield, Hopkins, Eden Prairie, Wayzata, Mound, Montgomery, Monticello, Lakefield, Litchfield, Springfield, or St. James. Contact: Jerry Hess, Abbott Northwestern Hospital, 800 E. 28th St., Minneapolis, MN 55407; 1-800-248-4921.

Due to illness, a well-established general surgeon and practitioner is retiring. Practice is available immediately offering a very rewarding financial arrangement. Less than two hours from Chicago, Streator has a population of 15,000 with a progressive, licensed 240-bed hospital. For further information, contact Robert Gubbels, St. Mary's Hospital, 815/673-2311.

Illinois Medicine/March 1, 1991

Illinois, southwest of Chicago: part-time physician, seeking experienced emergency BC/BP physician for work in a Level II trauma center hospital (60 miles southwest of Chicago Loop). Excellent remuneration with malpractice coverage and flexible staffing. Contact Steven Taller, M.D., F.A.C.E.P., Morris Hospital, 150 W. High St. Morris, IL 60450; 815/942-2932.

Orthopedic surgery, Illinois. Successful two-member ORS group is seeking an additional partner for extremely busy practice. Rapid start-up time, diversified patient base, excellent OR facilities and ability to associate with a progressive 175-plus bed hospital. Work to develop sports medicine program. Located in economically stable midwest community of 80K draw. Contact Mary Wynkoop, Tyler and Company, 9040 Roswell Road, Atlanta, GA 30350 or fax CV to 404/641-6414. Feel free to call 1-800-333-3910 for further details.

Non-invasive cardiologist – Four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn.: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Anesthesiologist: mature, experienced, board certified in anesthesia and quality assurance. Director of anesthesia and medical director at present. Looking for position in accredited surgi-center where my talents can be utilized. Chicago or suburban area. Write to Box 2189, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Otolaryngology practice for sale. Solo practitioner retiring. Over 30 years in practice. Growing community 40 miles west of Chicago. Contact Mr. Hoffman, 708/696-0220 for details.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Family practice. Net \$150,000. Columbia, IL, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Practice for sale. 40-year established general practice. N.W. side in Chicago. Large active patient count. Grossing over \$200,000. 1,200 square feet of easy working space in one level atrium building with attractive lease. Four plumbed exam rooms, large MD office, fully equipped lab, large business office, 12-seat waiting room. Currently, 22 hours of office hours per week. Turnkey for right MD or small group. Contact H. Volk at 708/386-3951 or write P.O. Box 3753, Oak Park, IL 60303 for further information.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprietary 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

X-ray machine sale. Includes table, fluoroscope, chest x-ray wall cassette rack, developing tank, assorted film cassettes, wall pass thru cabinet, more. Illinois state approved. Call 708/448-2273.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Must sell Sharplan 1020 CO₂ Laser (20 Watt) with Stackhouse vacuum, Abbott vision analyzer, holter monitor/pulmonary function system. Phone 708/382-2737.

Family practice/pediatrics, two-physician practice, established 17 years, grossing \$500,000-plus, in progressive community one hour's drive southwest of Chicago. Numerous recreational opportunities, good schools and modern hospital. Terms negotiable. Relocating. Send inquiries to Box 2190, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For sale: one Biosound 2000 Carotid Ultrasound System with venous and arterial limb study capability – JVC BR 6400U video cassette recorder, JVC remote control, Polaroid CU5 close-up camera system – original cost \$62,000 – 5 years old – selling price \$20,000 – call Suburban Cardiologists – 708/325-9010 Eileen.

For sale: one Quinton 3000 Treadmill System with new electronics board – excellent condition – low mileage – selling price \$10,500. Call Suburban Cardiologists – 708/325-9010 Eileen.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

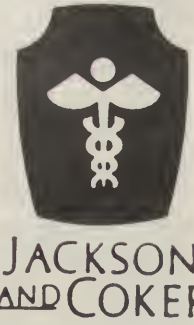
Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

□ Largest pool of available physicians in the nation

□ Network of 7 regional offices nationwide

□ Expertise that produces unparalleled results in recruiting quality physicians

□ Proven system that produced over 1,000 placements in the last 3 years.



(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

F O R A Q U A L I T Y

DEFENSE

*THE EXCHANGE BUILDS
A STRONG DEFENSE TEAM
WITH THE
PHYSICIAN DEFENDANT,
DEFENSE COUNSEL
AND EXCHANGE STAFF.*

We know your professional reputation is at stake. You can count on the Exchange for superior advocacy service.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL



INTER-
INSURANCE
EXCHANGE

Illinois Medicine

March 15, 1991

ILLINOIS STATE MEDICAL SOCIETY

Health care reform bills await action in legislature

by Tamara Strom

TWO SWEEPING health care reform bills have made their way into the legislative hopper so far this session, but whether the General Assembly is ready to enact such change remains to be seen.

Several legislators and hospital representatives are pushing an overhaul of Illinois' Medicaid system, calling the present reimbursement program "unfair, unreasonable and inequitable." Medicaid currently pays hospitals only about 79 cents for each dollar of care they provide.

(continued on page 14)



Rep. Barbara Flynn Currie

Planning board stops Copley move into DuPage County – for now

by Tamara Strom

CONCERNED THAT Aurora's poor residents will suffer if Copley Memorial Hospital moves to DuPage County, the Illinois Health Facilities Planning Board denied the hospital's certificate of need application Feb. 28. Copley officials have 60 days to appeal the decision.

"We're disappointed, but not turned off by the decision," said Copley President Chet McKee after the decision. "We'll look at the board's report, do our homework and we definitely will be back. Our decision of 10 years ago to move into east Aurora is as important today as it was then."

Copley officials said they are committed to the proposed location near routes 34 and 59 in Aurora and are not looking for alternate sites. "Copley is a mainstay of the Aurora community," he said. "That is why we are remaining in Aurora and our primary service area. And that is why we want to serve that area, and only that area, as it grows and develops."

Asked by planning board member Harry S. Kurshenbaum to justify its "abandoning" Aurora's inner city



Despite the planning board's negative ruling, Copley Vice President Allen Aardsma said the hospital leadership is as committed as ever to replacing its current aging facility with a new hospital at the controversial proposed site near routes 34 and 59 in DuPage County.

and its indigent population, Copley Board of Trustees Chairman Jack McEachern said providing the current level of indigent care at a new hospital is a "major concern" of the hospital leadership. "We've been negotiating with the city of Aurora for several years now and the City Council's vote in support of [the move] shows we've done our job."

McKee said the largest pocket of

Copley's indigent patients live just east of the hospital's present location, so patients traveling to the new location would be "changing direction, but not [adding] much distance." He added that physician referral patterns show most Copley patients are being referred from west of Route 59, so the hospital would

(continued on page 13)

Mini-internships provide glimpse into physicians' workdays

WHAT DO A U.S. congressman, a Peoria TV anchor and the chief executive officer of a regional electric company have in common? A mini-internship – and a maxi-improvement in their knowledge about medicine.

The Illinois State Medical Society and the Illinois State Medical Society Auxiliary, in cooperation with six Illinois county medical societies and their auxiliaries, sponsored a series of one-day mini-internship programs in January and February to provide legislators and community leaders with a better understanding of the complexities of delivering health care. The mini-internship program's

primary objective is to show the human concerns of physicians through firsthand exposure by decision makers who effect and influence health care policy, and reporters who cover health care in Illinois.

"The program, modeled after similar programs in Lake County and Iowa, was the society's first effort, a pilot program, and was very successful," said Pam Taylor, legislative chair of the Auxiliary. Mini-internship sponsors hope these experiences will foster improved relationships between physicians, legislators and community leaders.

"The mini-internship is excellent," said Joseph I. Conover, editor of the

Quincy Herald-Whig. "To let people from a community see what really goes on in a physician's day was an eye opener. It is a great credit to the physicians that they participated."

State Sen. Kenneth Hall (D-East St.

(continued on page 11)



A patient speaks to mini-intern Rep. Joel Brunsvold (center) and Patrick Cunningham, M.D. (right) at Franciscan Medical Center.

In this issue

News briefs 2

Cook County Hospital residency programs safe after accreditation loss 2

Mental health budget cuts slow patient transfers 3

Case in point looks at ectopic pregnancy 6

News Briefs

ACLU sues Medicaid over 'necessary' abortions

Saying the state is "cruelly denying" a 16-year-old woman access to abortion services, the American Civil Liberties Union (ACLU) is suing the Illinois Department of Public Aid to force the agency to reimburse Medicaid recipients for medically necessary abortions.

Filed on behalf of a teen-ager who became pregnant after she was raped, the class action suit seeks state payment for abortions that physicians deem medically necessary. Currently, state law only allows Medicaid payment for abortions if the woman's life is threatened by the pregnancy.

"There are numerous circumstances in which the health of women is seriously threatened by the pregnancy but her life is not in immediate jeopardy," said Colleen K. Connell, director of the ACLU's Reproductive Rights Project. "The state's inhumane funding program coerces hundreds, if not thousands, of women across the state of Illinois to carry pregnancies to term at great risk to their health."

Connell cited diabetes, kidney disease and HIV infection as common medical complications that could pose serious risks to pregnant women. "In those cases, the state will not pay for what is a medically necessary abortion but instead forces poor women to suffer severe risks to their health," she said. "This case involves the most fundamental issues of fairness to poor women and medical safety for these women."

Illinois has banned Medicaid reimbursements for non-lifesaving abor-

tions since 1980, Connell said, adding that 13 states now allow the use of state funds for medically necessary abortions. Seven other states fund abortions for pregnancies that occurred as a result of rape or incest or in cases "in which the fetus exhibits grave abnormalities," according to the ACLU.

For-profit chain buys Chicago's Leyden Community Hospital

Just as Humana Inc. was concluding its purchase of Michael Reese Hospital and Medical Center, another Louisville-based for-profit health chain, Vencor Inc., entered the Chicago health care market, buying financially ailing Leyden Community Hospital.

Renamed Vencor Hospital-Chicago, the 106-bed facility will concentrate on providing long-term care for patients with catastrophic illnesses. Vencor Chief Executive Officer W. Bruce Lunsford said he sees the hospital's role as "complementing" the services of the other acute-care hospitals in the Chicago area.

Although it already operates a hospital in Sycamore, Lunsford said purchasing Leyden gives Vencor a strong foothold in Chicago, "the nation's third largest market" for health care services. Leyden was one of several Chicago-area hospitals facing hard financial times. Fifteen hospitals have closed in the city since 1985. ▲

—Compiled by Tamara Strom and Sean McMahan

Cook County Hospital looks forward to residency match

by Tamara Strom

THINGS ARE NOT as bleak as first thought for residents at Cook County Hospital. Despite losing its accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in January, the hospital's residency programs are not in imminent danger of a similar fate, according to the accrediting association for U.S. residency programs.

"The hospital's residency programs are fully accredited now," said John Gienapp, Ph.D., executive secretary of the Accreditation Council for Graduate Medical Education (ACGME). "We've been told the [JCAHO] deficiencies have to do with the physical plant. If that is the extent of the problems and they are fixed in short order, as we expect, there will not be a lasting effect on the hospital's residency programs."

Dr. Gienapp called medical student fears about beginning a residency program at County Hospital "unfounded at this time." He said that unless "something unforeseen [happens], such as a complete collapse of the institution," the council's disaccreditation process "would not allow us to take away the [residency] accreditation that quickly."

He said the council does not see any reason to perform special surveys of the residency programs at Cook County. All programs will continue to be reviewed on their regular three-year cycles.

"Cook County Hospital has been committed to graduate education for many years, and I don't think [the administration] would not try to meet our standards," Dr. Gienapp said of an ACGME standard stating that hospitals should be JCAHO accredited. "Our process requires that the hospital get an opportunity to correct any deficiencies we might find. The program would be put on probation and after a year or two we would go back and see what progress has been made in correcting the problems."

Only after a formal probation period would a residency program be stripped of its accreditation, Dr. Gienapp said, noting the entire process would take "several years." Of the 6,700 residency programs in the country, 40 lost their ACGME ac-

creditation last year.

Losing its JCAHO accreditation could not have come at a worse time for attracting medical students to residency training at Cook County Hospital, many physicians say. "The match was definitely a concern at first," said Sherif Elsookary, M.D., an attending physician and former chief resident in County Hospital's

internal medicine program. "It came at a critical time when students [were] deciding which programs to put on their lists. But I don't think we'll be doing less than last year when we only had three vacancies after the match."

To help allay student fears, most County Hospital residency programs sent out letters to candidates detailing the

JCAHO accreditation loss and the lack of a direct effect on residency program accreditation. "A few letters were sent to me thanking us for being up front and honest with them," said Abdol H. Hosseini, M.D., residency program director and acting chairman of the hospital's department of obstetrics and gynecology. "It remains to be seen what effect their perceptions will have in the match."

Dr. Hosseini added, however, that he is confident the OB/GYN residency program will do just as well in this year's match as it did last year. In addition, all current residents have signed new contracts to stay at Cook County for the coming year.

"I feel pretty secure about the future of our program," said Janice Benson, M.D., supervisor of training for the family practice residency program. "We did a lot of discussing with our current residents and applicants for our program, so we won't suffer as much as we might have if we hadn't made the effort to talk about it. It will make a big difference for us."

Dr. Benson said one applicant interested in a residency at Cook County called her to ask about the accreditation loss after his parents called him and informed him of news reports saying the hospital would lose its residency accreditation. "It was definitely a positive that he called to find out what was going on," she said, "instead of just deciding that we're too much of a risk." ▲



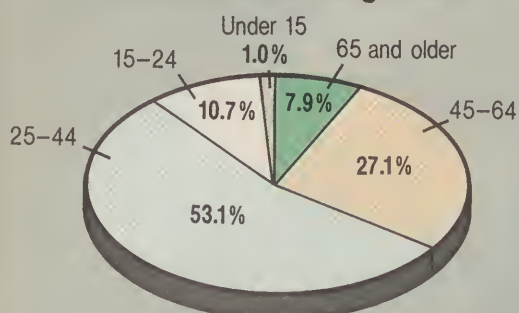
John Gienapp, Ph.D.

Physician Facts

Hospitalizations for alcohol and drug abuse in Illinois*

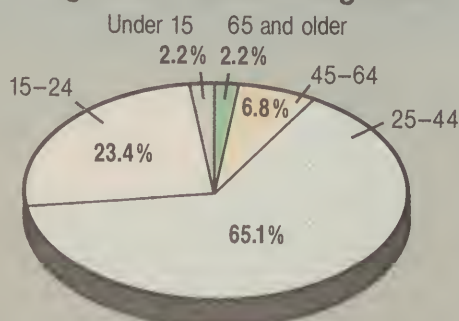
(by age group)

Alcohol-related diagnoses



Patients discharged from Illinois hospitals in 1988 with diagnoses related to alcohol.

Drug abuse-related diagnoses



Patients discharged from Illinois hospitals in 1988 with diagnoses related to drug abuse.

* Note: Excluded from analysis are outpatient services; diagnoses related to pregnancy; free-standing substance abuse inpatient facilities; military hospitals; veterans administration hospitals; state mental health hospitals.

Source of data: Illinois Health Care Cost Containment Council, *Illinois Hospital Discharges with Alcohol and Drug Abuse-Related Conditions During 1988, July 1990*.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Mental health budget reductions slow patient transfers

by Tamara Strom

A SLOWDOWN in transferring Illinois residents inappropriately living in nursing homes to more home-like environments is the most likely result of Gov. Jim Edgar's \$16.3 million cut in this year's mental health budget. The cuts in the Illinois Department of Mental Health and Developmental Disabilities budget, announced Feb. 25, represent nearly 19 percent of the governor's \$87.3 million spending cuts for fiscal year 1991.

Edgar called the cuts "unfortunate, but unavoidable," and said the state must control spending.

"We understand the governor has to make cuts because of the fiscal restraints he is under, but we regret that the patients who are most vulnerable in our society are the objects of such deep cuts," said Sara Charles, M.D., president of the Illinois Psychiatric Society. "Illinois already ranks 31st in spending for mental health and these cuts will not help."

Mental health department spokesman Patricia Alvarez said, "The cuts are a setback, a slowdown. I don't think it means mental health or developmental disabilities are not one of the governor's priorities. No one is going to fall through the system or not receive services because of the budget cuts."

What will happen, Alvarez said, is nursing home residents who are mentally ill or who have developmental disabilities will not be transferred as quickly to community-based living quarters. Under the provisions of the federal Omnibus Budget Reconciliation Act of 1987 (OBRA-87), the state is required to discharge mentally ill or developmentally disabled nursing home residents into more appropriate living arrangements. OBRA-87 ended the often-routine practice of placing the mentally ill in nursing homes, Alvarez said.

To comply with the OBRA-87 regulations, the state had projected placing about 2,800 people into community-integrated living arrangements, or CILAs, by June, the end of the fiscal year, Alvarez said. But Edgar's cuts will slow the process of relocating people into apartments, group homes and similar living quarters, so only about 1,600 will be living in CILAs by summer.

"Some of the processes in evaluating the people in nursing homes to be transferred took longer than we anticipated, so maybe we wouldn't have met our 2,800 goal anyway," Alvarez said. "But we were very optimistic in the beginning when we set the goal."

About 3,000 people with developmental disabilities and 12,000 people with mental illnesses residing in Illinois nursing homes had to be evaluated to determine the type of living arrangement that best suits their needs, she said. The evaluation process was very involved because in some cases guardians had to be found for nursing home residents, to help them make informed decisions about their future living situations.

"Patients who have lived in a nursing home for more than 30 months have the option of staying," she said,

adding that some residents who require the high-skilled nursing services available in nursing homes are best served by staying in their current care facility.

She noted that the U.S. Health Care Financing Administration (HCFA) has instructed the state to transfer all developmentally disabled patients who do not belong in nursing homes by June 1992. "We're not on target to meet the 1992 deadline," she said. "But I personally think we can prove to HCFA that we've put forth a good faith effort." She added that if HCFA requires all patients moved by the deadline, some could be moved to intermediate care facilities. The state has until June 1994 to relocate mentally ill pa-

tients inappropriately living in nursing homes.

The \$11 million cut from the department's placement program will be significant because it costs \$26,000 a year to house a person in these home-like facilities, Alvarez said. "CILAs are optimum because they provide a homelike setting, which many of these people have not had in some time," she said.

The other \$5 million in department cuts will be made in the operational budgets of the state's 21 mental health facilities, Alvarez said. For example, \$214,000 will be eliminated from administrative costs, such as administering the CILA program. No layoffs are necessary to save \$1.5 million in personnel services and bene-

fits, she said, but some positions will be eliminated through attrition and some vacancies will not be refilled.

The department will also have to forgo \$531,000 in equipment, furniture and beds for offices and care facilities, Alvarez said. "We usually take a hit in this area and it's difficult," she said, "but we're certainly not going to cut back on direct care staff."

Other budget cuts

The Illinois Department of Public Aid (IDPA) must accommodate \$6.3 million in spending cuts, mainly by eliminating or reducing consulting contracts and delaying some department projects. The cuts will not directly affect aid to the indigent, Edgar said. ▲



Blue Cross Blue Shield REPORT FOR Illinois Physicians

Listed below are Hospitals participating in the Blue Cross and Blue Shield of Illinois PPO Network as of January 16, 1991. More than 800,000 members participate in Blue Cross and Blue Shield of Illinois' PPO programs.

ILLINOIS HOSPITALS

Aledo Mercer County Hospital
Alton Alton Memorial Hospital
Anna Union County Hospital
Arlington Heights Northwest Community Hospital
Aurora Mercy Center for Health Care Services
Barrington Good Shepherd Hospital
Belleville Memorial Hospital
Belvidere Highland Hospital
St. Joseph's Hospital
Franklin Hospital
Benton Mennonite Hospital
Bloomington St. Joseph Hospital
St. Francis
St. Joseph's Hospital
Blue Island Graham Hospital
Breese Memorial Hospital of Carbondale
Canton Carlinville Area Hospital
Carbondale Carmi Township Hospital
Carlinville Thomas H. Boyd Memorial Hospital
Carmi Memorial Hospital
Carrollton St. Mary's Hospital
Carthage Covenant Medical Center Champaign
Centralia Memorial Hospital
Champaign Bethany Hospital
Chester Central Community Hospital
Chicago Charter-Barclay Hospital
Chicago Osteopathic Medical Center
Children's Memorial Hospital
Columbus Hospital
Cook County Hospital
Grant Hospital of Chicago
Holy Cross Hospital
Illinois Masonic Medical Center
Jackson Park Hospital
Mercy Hospital & Medical Center
Michael Reese Hospital & Medical Center
Mount Sinai Hospital & Medical Center
Northwestern Memorial Hospital
Our Lady of the Resurrection Medical Center
Ravenswood Hospital Medical Center
Resurrection Hospital Medical Center
Roseland Community Hospital
Schwab Rehabilitation Hospital
South Chicago Community Hospital
St. Elizabeth's Hospital
St. Joseph Hospital
Swedish Covenant Hospital
University of Chicago Medical Center
Central Community Hospital
John Warner Hospital
United Samaritans Medical Center
Decatur Memorial Hospital
Kishwaukee Community Hospital
Holy Family Hospital
Katherine Shaw Bethea Hospital
Good Samaritan Hospital
Marshall Browning Hospital Association
St. Mary's Hospital
St. Anthony's Memorial Hospital
Ferrell Hospital
Sherman Hospital
Elmhurst Memorial Hospital
Eureka Community Hospital
Evanston Hospital
Glenbrook Hospital
St. Francis Hospital
Little Company of Mary Hospital
Fairbury Hospital
Fairfield Memorial Hospital
Clay County Hospital
Riveredge Hospital
Freeport Memorial Hospital
Galena-Stauss Hospital
St. Mary's Hospital
Hammond-Henry District Hospital
Gibson Community Hospital

Glendale Heights Glen Oaks Medical Center
Granite City St. Elizabeth Hospital
Greenville Edward A. Ullaut Memorial Hospital
Harrisburg Medical Center
Mason District Hospital
South Suburban Hospital
Herrin Hospital
St. Joseph's Hospital
Highland Park Hospital
Hillsboro Hospital
Hinsdale Hospital
Hoffman Estates Humana Hospital
Hoopeston Hoopeston Community Memorial Hospital
Hopedale Medical Complex
Passavant Memorial Area Hospital
Jersey Community Hospital
Silver Cross Hospital
St. Joseph
Riverside Medical Center
Keweenaw Public Hospital
LaGrange Memorial Hospital
Lawrence County Memorial Hospital
Lincoln Abraham Lincoln Memorial Hospital
St. Francis Hospital
McDonough District Hospital
Marion Memorial Hospital
Anderson Hospital
Sarah Bush Lincoln Health Center
Northern Illinois Medical Center
Hamilton Memorial Hospital
Westlake Community Hospital
Mendota Community Hospital
Massac Memorial Hospital
United Medical Center - Lutheran
United Medical Center - Moline
Community Memorial Hospital
John & Mary E. Kirby Hospital
Morris Hospital
Morrison Community Hospital
Wabash General Hospital
Crossroads Community Hospital
Good Samaritan Regional Health Center
St. Joseph Memorial Hospital
Washington County Hospital
Brokaw Hospital
Christ Hospital
Oak Park Hospital
West Suburban Hospital Medical Center
Richland Memorial Hospital
Olympia Fields Osteopathic Medical Center
Community Hospital of Ottawa
Palos Community Hospital
Pana Community Hospital
Paris Community Hospital
Lutheran General Hospital
Parkside Lutheran Hospital
Pekin Memorial Hospital
St. Francis Hospital Medical Center
Illinois Valley Community Hospital
Pinckneyville Community Hospital
Illini Community Hospital
St. James Hospital
Perry Memorial Hospital
Blessing Hospital
St. Mary Hospital
St. Clement Hospital
Crawford Memorial Hospital
Rochelle Community Hospital
Franciscan Medical Center
Rockford Memorial
St. Anthony Medical Center
Swedish American Hospital
Hardin County General Hospital
Sarah D. Culbertson Memorial Hospital

Salem Public Hospital of the Town of Salem
Sandwich Sandwich Community Hospital
Savanna Savanna City Hospital
Shelbyville Shelby Memorial Hospital
Sparta Sparta Community Hospital
Spring Valley St. Margaret's Hospital
Springfield Memorial Medical Center
Staunton Community Memorial Hospital Association
Community General Hospital
St. Mary's Hospital
Sycamore Hospital
St. Vincent Memorial
Taylorville Douglas County Jarman Memorial Hospital
Tuscola Covenant Medical Center Urbana
Payette County Hospital
Iroquois Memorial Hospital
Saint Therese Medical Center
U.M.W. of A. Union Hospital
Marianjoy Rehabilitation Hospital
Wood River Township Hospital
Memorial Hospital for McHenry County

INDIANA HOSPITALS

Dyer Our Lady of Mercy Hospital
Gary St. Mary Medical Center
Hammond St. Margaret's Hammond
East Chicago St. Catherine Hospital
Michigan Memorial Medical Center
Michigan City Michigan City
Terre Haute Terre Haute Regional Hospital
Munster The Community Hospital
Lafayette St. Elizabeth Hospital Medical Center
Wellborn Memorial Baptist
St. Joseph

IOWA HOSPITALS

Clinton Samaritan Health Systems
Davenport Mercy Hospital
Keokuk Keokuk Area Hospital
Dubuque Finlay Hospital

MISSOURI HOSPITALS

Chesterfield St. Lukes Hospital
St. Louis Barnes Hospital
St. Louis Jewish Hospital
St. Louis St. Anthony's Hospital
St. Louis St. Louis Children's Hospital
St. Louis Christian Hospital NE NW

WISCONSIN HOSPITALS

Kenosha Kenosha Hospital Medical Center
Monroe St. Clare Hospital
Beloit Beloit Memorial Hospital
Fond du Lac St. Agnes
Waupun Waupun Memorial

(3/15/91)

Editorials

Take a bow, volunteers!

A state medical society – this state medical society – is a wonderful alphabet soup of goals, programs, ideas, money, projects, special events and social events, public relations and PACs. Every facet of the Illinois State Medical Society, from our name engraved in stone on the outside of the building to the way we answer the phone, says something about the society, about its members and about its objectives.

But in all that alphabet soup there is no more important ingredient than people. It is people who make the programs work, it is people who think up the ideas that generate the programs, people who make the policy and people who carry it out in medical practices, hospitals, offices and clinics all over the state.

And while the fiscal year defines the operating budget and the annual meeting defines the cycle of leadership change, there is no more appropriate time to celebrate the volunteers than now, with the publication of the 1990 annual report.

This year's annual report focuses not on headquarters, not on numbers and bottom line but on volunteer leaders, our committee and council chairs. These doctors work all year long to implement programs and resolutions, to inspire change and improvement in health, medicine and the society, and to ensure the future of the society and its members. These doctors take time away from their practices to offer their time, their expertise, their interests and their labor to their medical society. What do they get in return? A fair amount of extra work, lunches of varying quality, and sometimes, in February, a chance to camp out in a Chicago hotel when blizzards and ice storms make it impossible to return home as planned.

We are very grateful for the contributions of these people and the council and committee members who serve with them. We hope you'll take a moment, even now, to read the record of their accomplishments last year. We are very proud of what the society has done – and of the people who have helped make it happen.

Matchmaking

It's that time of the year – time to make matches between medical students and residency programs. Two articles in this issue of *Illinois Medicine* review the recent trend in matchmaking that seems to show tomorrow's physicians moving away from primary care residencies – especially family practice – into other specialties. The impact of this trend is a poor prognosis for access to care in rural Illinois, and in some small towns in the state. It's time to focus on what the profession of medicine in Illinois can do to turn this trend around.

Just like recruiting members into the medical society, recruiting professional peers into the ranks of medicine is best done on a one-on-one basis. And while your attendance at career nights is heartily encouraged, the fact remains that the best place to recruit tomorrow's doctors is in today's practice. Encourage that youngster, that high school student, that college kid home for the holidays, to consider family-oriented medicine. Direct them to the nearest medical school for information and be available to answer their questions after they've read it. Offer to let them do their own "mini-internship," following you around for a day. The journey of a thousand miles begins with a single step, the Chinese saying goes. Turning around the looming shortage of family practitioners begins with a single effort today to reach that bright and interested young person in your office. ▲

Illinois Medicine

VOLUME 3, NUMBER 5

MARCH 15, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

James H. Andersen, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolen, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

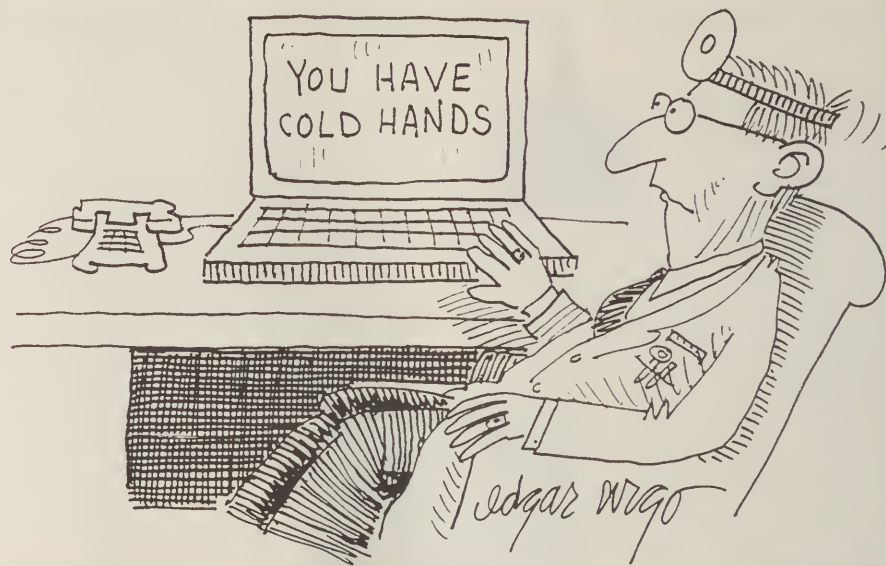
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



Guest Editorial

In defense of freedom



by Michael M. Stump, M.D.

Discouraged after an unsuccessful day of hunting, a wolf came upon a well-fed Mastiff. He could see the dog was having an easier time of it than he was, and he asked what the dog had to do to stay so well fed.

"Very little," said the dog. "Just drive away the unwanted, guard the house, show fondness to the master, be submissive to the rest of the family and you will be fed and warmly housed."

The wolf thought this over carefully. He risked his life almost daily, had to stay out in the worst of weather and was never assured of his own meals. He thought maybe he should try another way of living.

As they were going along together, the wolf saw a place around the dog's neck where the hair had worn thin. He asked what this was and the dog said it was nothing. "Just where my collar and chain rub."

The wolf stopped short. "Chain?" he asked. "You mean you are not free to go where you choose?"

"No," said the dog. "But what does that mean?"

"Much," muttered the wolf as he walked away. "Much." – Aesop's Fables

Patrick Henry was even more emphatic regarding liberty, stating, "Is life so dear or peace so sweet as to be purchased at the price of chains and slavery? – Forbid it, Almighty God! – I know not what course others may take, but as for me, give me liberty, or give me death!"

Am I overstating the case for freedom? I do not think so, regarding the medical profession.

Physicians who think our present liberties are secure and enduring because they are written into law dangerously confuse legal form with the living substance of freedom. Free-

dom's substance is bone and marrow, muscle and sinew, joined together by intestinal fortitude in the willingness to pay the price. Anything less is the death of medicine.

The right to practice our profession in freedom did not descend on us in gentle breeze. It required that our forefathers know the field, be dedicated to patients and be recognized as knowing best the intricacies of health and disease. Even then it demanded very hard work, energy, effort, sacrifice and even tears. Notably, this freedom came in an era of responsible individualism and particular accountability known as democracy. We neglect this freedom at our peril.

The unfortunate current tendency for some in government or the legislature to manipulate laws to promote untested or theoretical concepts disguised as social or economic welfare is closely akin to the tyranny of kings. The primary motivating force of this group is often a desire for power or control. For them, any claim of seeking the people's good is an afterthought or cloak covering other motives. A second group may be sincere or sincerely deceived. They honestly believe they are doing the right thing. A final group may be simply the "Go Alongs." Membership in this group is self-explanatory.

To all I would say that there can be no true justice or legitimate law that shatters the integrity of medicine on an altar of assumed expediency. To all I would say: Do not go too far nor go too fast. Stop and think. Remember that "solutions" are just the beginning of other problems. Understand what you are doing and what is happening. Do not further destroy health care.

We physicians love our profession, our families, our patients and our state. We wanted to practice here or we would not be here. We want the best health care possible for our patients and we have done our part. We stand ready to do more. We will not further sacrifice or negotiate our freedom and integrity as physicians nor our responsibility as patient advocates.

The hour is late and the time is short. Come let us reason together. ▲

Michael M. Stump, M.D., is president of the West Virginia State Medical Association. Reprinted with permission of The West Virginia Medical Journal.

A BRIGHT IDEA TO START WITH...



180mg
Calan[®] SR
(verapamil HCl) 180 mg
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Case #1

Presenting complaint and initial diagnosis – A 23-year-old woman complaining of abdominal cramping and dizziness came to an OB/GYN and said she had passed a large clot vaginally. A pelvic examination was normal, but a pregnancy test result was positive.

The physician concluded there had been an incomplete spontaneous abortion and sent the patient for an ultrasound test. The test reported no evidence of an intrauterine pregnancy.

The physician advised the patient to return if bleeding continued to be abnormal, indicating the need for a dilation and curettage (D & C).

Bleeding continued and the D & C was performed six days later.

The case in brief – Ten days after the D & C, the patient came to the hospital emergency room with severe abdominal pain. The ER physician attempted a pelvic examination, but the woman had difficulty cooperating because the exam was painful. He performed a culdocentesis, which was positive. Suspecting a possible ectopic pregnancy, the ER physician immediately called the patient's OB/GYN. The OB/GYN came to the hospital and performed a laparoscopy, which revealed a ruptured right tube due to an ectopic pregnancy. A salpingectomy was then performed. The patient re-

ceived 2 units of blood for a 1,500cc blood loss. The pathology report from the D & C had revealed secretory endometrium with Arias-Stella reaction. The OB/GYN, however, had not checked the results.

The resulting claim – The patient and her husband sued the OB/GYN for failing to timely diagnose and treat an ectopic pregnancy, resulting in the need for a blood transfusion and loss of the woman's ability to conceive.

The outcome of the claim – The OB/GYN argued that ectopic pregnancies are difficult to diagnose and maintained that he had followed a reasonable and acceptable standard

Where there's smoke...there may be bronchitis



"Recent research has delineated early, more subtle changes in lung and immune functions. These alterations directly predispose smokers to respiratory tract infection."

Am Fam Phys 1987;36:133-140

Ceflor
cefactor

Established therapy
for today's patients

For respiratory tract infections due to susceptible strains of indicated organisms

Brief Summary.

Consult the package literature for prescribing information. Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β -hemolytic streptococci).

Contraindication: Known allergy to cephalosporins. Warnings: CEFLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceflor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceflor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceflor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon.

Those reported include:

- Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions have been reported with the use of Ceflor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, serum-sickness-like reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceflor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
- Stevens-Johnson syndrome, toxic epidermal necrolysis,

and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.

- Gastrointestinal (mostly diarrhea): 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology:

- Slight elevations in hepatic enzymes.
- Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
- Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceflor and Coumadin concomitantly.
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

PA 8791 AMP (021490LRI)

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Lilly Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company
Indianapolis, Indiana 46285

CR-0525-B-049333 © 1990, ELI LILLY AND COMPANY

THE
GRADUATE
SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

April — June 1991

- ☐ Current Concepts in Emergency Medicine, 1991
April 15 - 17, 1991
- ☐ Specialty Review in Urology
April 15 - 20, 1991
- ☐ Modern Trauma Management: The First 24 Hours
April 18 - 20, 1991
- ☐ Specialty Review in Obstetrics and Gynecology
April 28 - May 4, 1991
- ☐ Advances in Surgery, 1991
April 29 - May 3, 1991
- ☐ Specialty Review in Family Medicine
May 4 - 10, 1991
- ☐ Adolescent Medicine
May 9 - 11, 1991
- ☐ Specialty Review in Anesthesiology
May 11 - 17, 1991
- ☐ Advances in Pediatric Allergy, Immunology, and Pulmonology
May 29 - 31, 1991
- ☐ Specialty Review in Pediatric Cardiology
May 29 - June 1, 1991
- ☐ Flexible Fiberoptic Sigmoidoscopy
June 1, 1991
- ☐ Fiberoptic Colonoscopy
June 5 - 7, 1991
- ☐ Fiberoptic Esophagogastroduodenoscopy
June 10 - 12, 1991
- ☐ Practical Strategies in Primary Care, 1991
June 24 - 28, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____

Address _____

City _____

State _____ Zip _____

Call toll-free today!
1-800-621-4651

of care. A jury, however, rendered a verdict against the physician for failing to follow his patient closely after her D & C. Had the physician checked the pathology report, he would have had some indication of the patient's ectopic pregnancy. Thus, he could have treated her before tubal rupture and severe blood loss had resulted. The jury awarded the patient \$90,000.

Case #2

Presenting complaint and initial diagnosis – A 32-year-old woman, who had been under the care of a family physician for pelvic inflammatory disease, visited her physician complaining of unusual abdominal pain, sporadic vaginal bleeding and dizziness. She associated the pain with lifting heavy objects at work.

The case in brief – The physician suspected pregnancy and ordered a pregnancy test, which was positive. He then ordered an ultrasound. The ultrasonographer saw a probable intrauterine sac and recommended the ultrasound be repeated 10 days later. The test was never ordered, however, and the patient was never told it had been suggested. The physician continued to see the patient as the pregnancy advanced. Early in her seventh month the pregnancy ruptured. A C-section was performed and a stillborn infant delivered. An abdominal ectopic pregnancy was then discovered. The patient survived but had a difficult and prolonged recovery.

The resulting claim – The patient and her husband sued the physician for failure to diagnose the ectopic pregnancy and for not informing her of the recommended second ultrasound. Substantial damages were sought for her subsequent loss of the ability to conceive and bear a child.

The outcome of the claim – The physician contended that an ectopic pregnancy is difficult to diagnose and that the patient's earlier pelvic inflammatory disease had caused her inability to conceive, not the ectopic pregnancy. A jury, however, was persuaded that failure to order the second ultrasound violated the standard of care. Also, they rejected the physician's contention that he could not diagnose this abnormal pregnancy over a seven-month period. The jury awarded the plaintiff \$150,000.

The points these cases make – According to the U.S. Centers for Disease Control, 88,000 ectopic pregnancies were reported in 1987, the last year for which statistics are available. Such pregnancies have increased fivefold in the last 17 years because of a significant increase in pelvic inflammatory disease, resulting from such sexually transmitted diseases as gonorrhea and chlamydia infections. Ectopic pregnancies are a major cause of maternal deaths, and half of the women who experience ectopic pregnancies are unable to conceive again.

Women who have used IUDs, or still have such contraceptive devices in place, also conceive a disproportionate number of ectopic pregnancies. In addition, delaying childbear-

ing until late in life contributes to the increase in ectopic pregnancies because the risk of such a pregnancy increases substantially with age. Cases of ectopic pregnancy also have been reported in women who have undergone tubal sterilization.

Illinois State Medical Inter-Insurance Exchange advisers offer these suggestions to facilitate diagnosis of this life-threatening condition:

- Rule out ectopic pregnancy for any woman of childbearing age who complains of abdominal pain, with or without bleeding or dizziness.
- Take a careful history designed to reveal diagnostic red flags for an ectopic pregnancy. Such warnings include an abnormal menstrual period, treatment for previous pelvic in-

flammatory disease, use of an IUD, a tubal sterilization or recent discontinuance of oral contraceptives.

- Investigate symptoms of syncope carefully.
- Follow accepted physical examination protocols for detecting possible extrauterine pregnancy.
- Investigate further if orthostatic changes in blood pressure and pulse are found.
- Use of an ultrasound is helpful but may not be 100 percent reliable in detecting an ectopic pregnancy.
- Use culdocentesis to further confirm or rule out a questionable ectopic pregnancy when initial examinations and tests are inconclusive.
- If the patient's condition is stable, obtain a quantitative beta human

chorionic gonadotropin (hCG). In a viable intrauterine pregnancy this level should almost double every two days. In an abnormal pregnancy, impending miscarriage or ectopic, the rate of increase of beta hCG will be diminished.

- If the beta hCG is above 6,500 milli-international units, a gestational sac should be present on abdominal ultrasound. Perform a diagnostic laparoscopy if the beta hCG is above 6,500 and there is no gestational sac – or if the patient's condition worsens while being observed.

- Call in a consultant if questions still remain. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

COMMITTED TO EXCELLENCE



James W. Butler



Anna Olearnik



Robert B. Thomas

*Roche
Laboratories
presents the
winners of
the 1990*



Please join us in honoring these outstanding Roche sales representatives who have distinguished themselves by a truly exceptional level of professionalism, performance and dedication to quality health care.

Throughout the year, each of these award-winning individuals has consistently exemplified the Roche Commitment to Excellence, and we're proud to invite you to share in congratulating them on their achievement.



Kara L. Dahm



Kathryn A. Seghetti Maloof



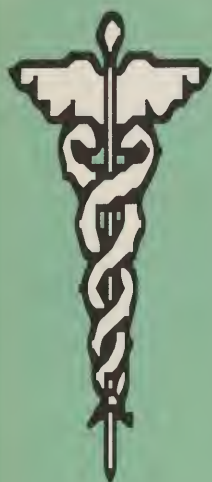
Leland S. Warzala



Ramon Yadgar

Turn the page to see one of the many ways your award-winning Roche representative can assist you and your patients.

Family practice residency comparison data



	1989 percent filled	1990 percent filled
United States	71.1%	70.4%
Illinois	72.1%	54.5%
Iowa	81.8%	84.6%
Indiana	64.8%	60.9%
Kentucky	55.2%	73.3%
Michigan	62.6%	53.5%
Missouri	73.5%	60.0%
Wisconsin	77.5%	77.1%

Source of data: National Resident Matching Program

Residency directors hopeful

by Suzanne Nelson

FAMILY PRACTICE residency directors throughout Illinois are anticipating this month's match with "cautious optimism," hoping for more aspiring family physicians to fill a growing void in Illinois' primary care resources.

Last March, the National Resident Matching Program (NRMP), which matches medical students with residency programs in their specialties nationwide, yielded discouraging results for many Illinois family practice residency programs, especially those downstate. On 1990 match day, no downstate school attracted enough candidates to fill all its available fam-

ily practice residency slots. Nor was the Chicago area left unscathed, with many programs resorting to a post-match scramble to attract residents. Ultimately, only four Illinois programs managed to fill their family practice residency rosters.

Statistics confirm Illinois' recent troubles recruiting family physicians. According to NRMP data, 54.5 percent of Illinois family practice residency positions were filled in 1990, compared with 70.4 percent of family practice slots nationwide. And while the last several years have seen a steady national decrease in family practice residencies filled, Illinois' almost 20 percent downturn between 1989 and 1990 was a drastic departure from the U.S. experience.

Although residency directors generally express concern over the diminishing number of family physicians applying for training, many term Illinois' especially dismal results last year an aberration. "Last year there were very few applicants," explains Fred Z. White, M.D., who heads the University of Illinois' family practice residency program at Methodist Medical Center in Peoria. "The pool from which we're drawing applicants is much deeper and wider this year, and they've all been excellent candidates."

Several factors loom large in the recent decline of family practice applicants, say residency directors, and few are easy to combat at the local level. Foremost is economics. Family practice is low paying, compared to other medical specialties. "With increasing tuition and loan rates, that's a big factor to medical students," says Vince Keenan, director of member services at the Illinois Academy of Family Physicians (IAFP). Nervous about their debt burden, many opt for a more lucrative specialty choice.

There is hope that the resource-based relative value scale (RBRVS), a physician compensation plan recently adopted by Medicare, will improve the earnings picture for family physicians, who rely more on government reimbursement than many other medical specialists. But "RBRVS has been so long getting off the ground," says Allison Burdick Jr., M.D., West Suburban Hospital Medical Center's family practice residency program director. "It will be a long while before there's any change."

Recent reforms in Illinois' medical licensure law have caused dismay among residents hoping to get an

COMMITTED TO TOTAL HEALTH CARE

*Roche
Laboratories
presents the
resource library
for patient
information*

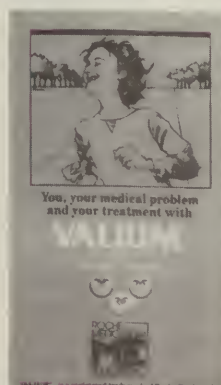
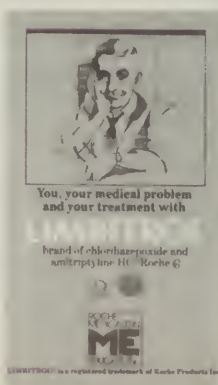
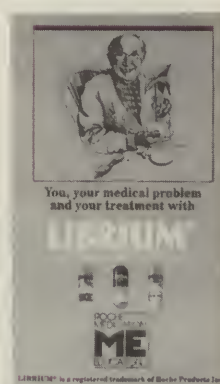
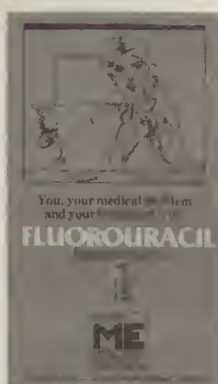
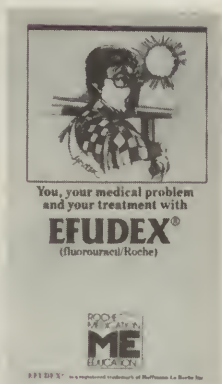
ROCHE
ME
MEDICATION
EDUCATION

Your Roche representative offers you access - without expense or obligation - to a comprehensive library of patient information booklets designed to supplement rather than supplant your rapport with your patients.

Each booklet helps you provide...

- Reinforcement of your instructions
- Enhancement of compliance
- Satisfaction with office visits

Your Roche representative will be happy to provide a complete catalog of available booklets and complimentary supplies of those that are applicable to your practice.



Programs take the financial

by Suzanne Nelson

TWO STATEWIDE Illinois Department of Public Health (IDPH) programs are aimed at increasing the ranks of primary care physicians and luring them to practice in underserved areas of Illinois. Modeled after similar federal initiatives, both offer incentives to medical students and residents who might otherwise be financially unable to attend medical school or resist the superior earnings potential of another specialty.

The first program is a medical school scholarship program that pays students' tuition, fees and a

about this year's family practice match

early start on paying back their loans. In 1987, the state legislature tightened licensure requirements for residents: It now takes two years, rather than one, of residency training to qualify for permanent medical licensure. The new law's impact restricts "moonlighting," part-time work by residents in hospitals or clinics that makes for extra cash. The reform, supported by the Illinois State Medical Society and the IAFP, was designed to improve the education and training physicians receive before they are allowed to treat patients. A change in federal tax laws, however, mandating students to start paying interest on their loans in the second year of residency, has further complicated the situation for residents, who cannot take on outside work until their third year, notes the IAFP's Keenan.

Opinions are mixed on whether the moonlighting restriction dissuades out-of-state residents, who can moonlight after only one residency year in Illinois' contiguous states, from entering programs here. "The two-year licensure requirement is not making that much difference," assesses Dr. White.

"I've not heard it mentioned as a problem," agrees Dr. Burdick, who adds that many residency programs "utilize in-house educational moonlighting in the second year in the emergency room or outpatient areas." Under such plans, residents are supervised and compensated for their work.

But others say the new law hurts their chances of attracting residents. In the Illinois border cities of Quincy and Rockford, match results were low in 1990. "Certainly it has an impact," says Joseph Levenstein, M.D., who heads the department of family and community medicine at the University of Illinois' Rockford program. In Quincy, Terry Arnold, M.D., director of Southern Illinois University (SIU) School of Medicine's family practice residency program, echoes the concern. "Students coming through here fre-

quently ask about moonlighting and the effects Illinois licensure would have on it. It makes it harder for us to attract students from other states."

Building a pool of family physician candidates long before residents select their specialties is a major goal for those hoping to strengthen the family practice ranks. "About 2,000 of Illinois' 4,400 medical students don't have exposure to a formalized family practice," says IAFP's Keenan, citing Loyola, Northwestern and the University of Chicago as those without formal family practice training. Students' lack of exposure to the specialty, he adds, depletes the numbers who will choose it over others. "Surveys show that 25 percent to 30 percent of students are interested in family practice on entering medical school, but by the time they choose a specialty only 10 percent do so. Once they start third-year clerkships they forget about family practice if it's not a regular part of the program."



"Residents sell residencies. And through whatever means the word gets out, our graduates are happy with what they learn"

— Allison Burdick Jr., M.D.

Family practice clubs — student-interest organizations that promote family physician fellowship and education — are one tool for building family practice exposure at Illinois medical schools. "Our clubs have about 20 percent of students in them at two schools, Loyola and Northwestern" Keenan says.

To further buck the downward trend, residency programs are marketing more aggressively to applicants. West Suburban's Dr. Burdick, whose program has matched all positions within the last 12 years, emphasizes, "Residents sell residencies. And through whatever means the word gets out, our graduates are happy with what they learn. There's a consistency in the quality of their training. When programs decide to fill with whoever they can, then they can get into trouble."

Rockford's Dr. Levenstein acknowledges that last year's poor results will have an impact. "Having done badly, it's double the amount of work to get on track again." To

build a competitive edge, he says, "We are applying our minds to (the program's) administrative detail, to see that the residents have only one night on in four, to adjust our salaries to be as competitive as possible in Illinois and neighboring states. While we have a good program, we've even boned up on that."

Dr. Arnold is working to build more exposure for SIU's Quincy program "by going to campus settings and meeting students on their own turf." He worries, however, about factors marketing cannot overcome. "A lot of our smaller communities have a real burden to carry, because if we don't have higher educational or job opportunities avail-

able in the area for spouses, we lose candidates."

Whether or not Illinois will regain its lost ground in this year's match pales in importance to the long-term issues facing family physicians here and nationwide, according to many Illinois family practice residency directors. "You hang on long enough, there's a light at the end of this tunnel," concludes Dr. Levenstein. "It's becoming more accepted that one reason for the health care crisis is the lack of primary care resources, specifically family physicians. ... You've got to realize what a choice these kids have. First we've got to get them into family medicine, and then into our residency programs." ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

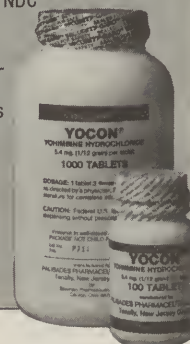
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

ing' out of primary care practice

stipend during the course of their education. In return, they sign a contract promising to repay the state with one year of service in an underserved area per year of financial support. "We have quite a large listing of sites they can choose from," says Roger Ricketts, administrator of primary care programs at IDPH. "Our goal is a number of new physicians will stay [in underserved areas], by encouraging them to locate there for a few years." The scholarship program is currently funded at \$2.7 million.

A new companion IDPH program helps primary care doctors practicing in underserved areas repay stu-

dent loans. According to Ricketts, IDPH will pay the lesser of 20 percent of a physician's outstanding student debt per year, or \$20,000.

The state has allocated \$104,000 this year to launch the program.

Half the students taking advantage of the IDPH programs are minorities, "in one sense or another," says Ricketts, who adds that, "We also help a lot of rural students. If you're a person who doesn't have any money, it makes sense. Funding medical school can be quite daunting." Applications to both programs are increasing. Those interested should contact Ricketts at (217) 782-2114. ▲

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

OCTOBER 1990

Mahmood Rahman, Bloomfield Hills, Michigan – physician and surgeon temporary license issued and placed on probation for four months after he performed acts which allegedly constituted the unlicensed practice of medicine.

Mary Elizabeth Herald, Decatur – physician and surgeon license placed on probation after failure to properly

manage a patient after her admission to the hospital and failure to properly monitor patient's high-risk labor.

Timothy B. Scarff, Riverdale – physician and surgeon license placed on probation for two years after an order was entered by the Georgia State Board of Medical Examiners granting him a probational license for three years and he was fined \$500.

Surabhan Ratanasen, Fresno, California – physician and surgeon license placed on probation for at least four years after an order was entered by the California Medical Quality Assurance Board which revoked his license, although the revocation was stayed and he was placed on probation for five years.

NOVEMBER 1990

Isabel Gomez, Chicago – Physician and surgeon license renewed and placed on probation until she satisfactorily completes repayment of her Illinois educational loan.

Vernon Dyer, Wichita, Kansas – physician and surgeon license suspended indefinitely for a minimum of five years after he failed to meet the terms and conditions of a previously agreed to stipulation in which he was prohibited from the use or consumption of alcohol.

Abdollah A. Sabet, East St. Louis – controlled substances license placed on probation for two years and he was fined \$2,000 after he prescribed controlled substances without a valid controlled substances license.

Jonathan Lubens, Chicago – physician and surgeon license placed on probation for five years after he violated the terms and conditions of his licensure by ingesting a controlled substance not prescribed to him.

DECEMBER 1990

Don J. Williams, Brookfield – physician and surgeon license issued and placed on probation for one month after he performed acts which allegedly constituted the unlicensed practice of medicine.

Peter Zaprudsky, Chicago – physician and surgeon license issued and placed on probation for seven weeks after he performed acts which allegedly constituted the unlicensed practice of medicine.

Richard A. Brady, Marseilles – controlled substances license restored and placed on indefinite probation.

Ronald A. Distlehorst, Schaumburg – physician and surgeon license was placed on probation for 18 months and he was fined \$4,000 after he submitted payment to the Department with non-sufficient funds.

Lenard Rutkowski, Joliet – physician and surgeon license was reprimanded after he was charged with failure to perform a ventriculogram as a diagnostic procedure which resulted in a longer recovery period and further medical problems for the patient.

Araceli L. Allarde-Secundo, Addison – application for a temporary license as a physician and surgeon was issued and placed on probation for three years after being charged with the unlicensed practice of medicine.

Aaron E. Long, Calumet City – physician and surgeon license was suspended for 90 days followed by five years probation after he pleaded guilty to three felony counts concerning the submission of fraudulent claims to insurance companies.

Leonard Young, Boise, Idaho – physician and surgeon license placed on probation for three years after he was put on an indefinite probation by the Idaho State Board of Medicine.

Pranav Vaidya, Oak Lawn – physician and surgeon and controlled substances licenses suspended for six months after he was convicted in the Circuit Court of Cook County of conspiracy to commit kickbacks.

Norberto Augustin, Wilmette – physician and surgeon license restored and placed on probation for a minimum of three years following a previous order revoking his license for various violations of the Medical Practice Act.

Frederico Macaraeg, Benld – controlled substances license restored and placed on probation for two years and his physician and surgeon license restored to good standing.

John R. Haebich, Chicago – physician and surgeon license renewed and placed on probation until he satisfactorily completes repayment of his Illinois educational loan. ▲



PUT YOUR MEDICAL CAREER IN FLIGHT.

Discover the thrill of flying, the end of office overhead and the enjoyment of a general practice as an Air Force flight surgeon. Talk to an Air Force medical program manager about the tremendous benefits of being an Air Force medical officer:

- Quality lifestyle, quality practice
- 30 days vacation with pay per year
- Support of skilled professionals
- Non-contributing retirement plan if qualified

Discover how to take flight as an Air Force flight surgeon. Talk to the Air Force medical team today. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Mini-internships

(continued from page 1)

Louis), who interned with both Jay W. Haines II, M.D., a Belleville surgeon, and Stuart W. Mauch Jr., M.D., a Belleville internist, said the experience changed his perspective. "I have always had a high regard for medical doctors," Hall said. "But after being with two excellent physicians, I was amazed by their skill, and the preparation and precision needed for surgery."

Included among the 25 participants were one U.S. congressman, 11 state legislators, four television reporters, four newspaper reporters, and five community leaders, including representatives from local government and businesses.

"The primary goals of the program were to have legislators actually experience medicine and to establish local contacts as resources," said Jan Leimbach, a mini-internship facilitator from Adams County. "Our state representative, Laura K. Donahue [R-Quincy], did her internship the day after she returned from observing the Canadian health care system. She said she feels that, after what she's seen, that system wouldn't work here." Leimbach added that state Rep. Art Tenhouse (R-Quincy) sent thank-you notes to everyone, and stopped by the office of his assigned physician, Gregory R. Andrews, M.D., to personally thank him.

"The one thing that really sticks in my mind is the complexity of issues a physician deals with every day."

— U.S. Rep. Richard Durbin

Interns spent a full day with their assigned physicians, shadowing them from morning rounds to surgery to paperwork. "The biggest surprise for interns," Leimbach said, "was the extent of paperwork involved after a patient walks into a physician's office. Most people do not realize the burdensome load of paperwork doctors must complete." The Quincy *Herald-Whig's* Conover agreed, saying, "Now I understand why physicians have such a problem with Medicaid and the regulations."

U.S. Rep. Richard J. Durbin (D-Quincy), who interned in Sangamon County, said he was curious about a physician's typical workday. "This was a great opportunity to observe all facets of medicine," Durbin said. "The one thing that really sticks in my mind is the complexity of issues a physician deals with every day. Getting Dr. Graham's [Donald R. Graham, M.D.] perspective on Medicare and Medicaid was helpful because he addressed more than just the business side and pointed to specific health care policy."

The Auxiliary was a key part of the program's success, making all the arrangements and contacts with the participating interns and physicians. Key Auxiliary facilitators were: Jan Leimbach, Adams County; Bonnie Ruecker, Macon County; Barbara Kendell, Peoria County; Mary Ann Stoffel, Rock Island County; Beebe

Panepinto, Sangamon County; and Jane Haines, St. Clair County. At the day's end, the physicians and interns were debriefed by an Auxiliary member to ensure that both parties walked away satisfied with their experience and that no questions remained unanswered.

Apparently, media participants also benefited from the experience. Leimbach said that Bonnie Kirschman, a reporter for WGEM-TV in Quincy, was "surprised by how time-consuming the business aspect of medicine is," and she also expressed amazement at the amount of paperwork involved. Paige Perich, anchor for Peoria's WMBD-TV, did a three-part series titled "Doc Around the Clock."

"I just don't think people in the surrounding areas know what goes

on down there, what the hospital employees go through daily," Larry Johnson, general manager of the Journal Newspapers of Southern Illinois, told the *Belleville Journal*. "I guess that's what the program was all about. It really opened my eyes."

Did the legislators learn something new? For his part, Hall said, "Money for hospitals is vitally needed. It takes an average of 65 to 95 days for health care providers to be paid [by Medicaid]. I am going to push to shorten the time for reimbursement." And Durbin said, "More frequent meetings with physicians would be beneficial to me as a legislator." The Auxiliary and county coordinators will meet March 20 to evaluate the 1991 program and begin planning future mini-internships. ▲



Larry Johnson (right), general manager of the Journal Newspapers of Southern Illinois, visits with surgeon Frederick Cason, M.D. (far left) and other workers at St. Mary's Hospital in Belleville.

Bonita Tillman

You've Earned A Big 20% Discount Off The New PBT Term Life Plan



THANKS FOR NOT SMOKING

The PBT's new low-cost, Term Life Plan makes life coverage even more affordable for non-smoking physicians. Take advantage of our 20% discount for non-smokers. Take another 10% discount for coverage over \$250,000.

With the new PBT Term Life Plan, you can now purchase up to \$400,000 of life coverage. We designed the new PBT Term Life Plan specifically to meet the needs of physicians based on member preference studies. It's what you expect from the Chicago Medical Society and Illinois State Medical Society. After all, the PBT is Just What The Doctors Ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the PBT Term Life Plan sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

ISMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

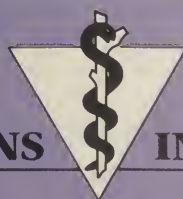
sponsored by Chicago Medical Society
& Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC
call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

not significantly alter its service area. Moreover, he said many Copley patients already see physicians at the urgent care center and professional building currently operating on the 45-acre site where the proposed hospital would be built.

James A. Sandrolini, M.D., medical director of the Dreyer Medical Clinic, said patients in the downtown Aurora area will not be abandoned. "We will continue to refer our patients to Copley, whether it's Copley Hospital downtown or Copley Hospital east," he said. Dreyer operates four clinics in the Fox Valley area, including one on the proposed Copley hospital site. He added that the approximately 75 physicians associated with the clinic typically refer their patients to Copley or to the other Aurora hospital, Mercy Center for Health Care Services.

Dreyer has seen a marked increase in patient visits from 300,000 in 1989 to 350,000 last year, Dr. Sandrolini said, and the clinic's fastest-growing facility is on the proposed hospital site. "We have a lot of patients to put somewhere and we're going to put them in Aurora hospitals, no question," he said, adding that "no patients will go without needed care."

Julius Newman, M.D., Copley vice president for medical affairs, said the new facility would "enable our physicians to attract new patients. There would be no problem in moving a few miles to the east. That wouldn't harm the physician-hospital or the physician-patient relationships. Our physicians fully support this move."



James A. Sandrolini, M.D., said patients in downtown Aurora would not be abandoned if Copley Memorial Hospital moved to the Fox Valley Villages area of DuPage County.

Terry Vitacco

Finances troubled board

Citing planning board staff estimates that said patient costs to cover principle and interest on the new facility would be \$102 a day, planning board member Thomas Hestand questioned the economic feasibility of the plan.

"I don't question that you need a replacement facility," he said. "But the debt-per-bed is totally unacceptable. I'm uncomfortable with this, considering the cost is passed down to the consumer."

Copley's own estimates say the new 156-bed hospital will have to operate at 70.2 percent capacity its first year, and at over 80 percent during subsequent years to cover costs. Copley now averages 115 to 118 patients per day at its current 323-bed hospital. In a facility with only 156 beds, McKee said, 123 patients would be

about 80 percent. "That's not substantially more utilization," he said.

Kurshenbaum also said Copley's move would inhibit expansion of other hospitals in the planning area. "We're in a Catch-22. They can't expand if there's a new Copley," he said, noting that expansion of existing facilities is preferable to building new ones. "What you're doing is blocking out those hospitals already in planning area eight."

Two of those hospitals in the planning area — Edward and Central DuPage — have waged an aggressive campaign against the move, claiming Copley is invading their turf. Copley officials maintain that population projections for the Fox Valley area show "phenomenal" growth with enough patients to go around. The proposed move 7 miles east is con-

troversial because the new site, although still in Aurora, falls in another planning area.

Acknowledging Copley has only about 3 percent of the Aurora market in DuPage County, Allen Aardsma, Copley vice president, said hospital officials are "working from projections of our current market share. We're not trying to project stealing patients to justify our new hospital."

Saying she is "absolutely thrilled" with the board's ruling, Edward President Pamela K. Meyer said the existing six hospitals in DuPage County can "more than adequately" handle the population growth there. "It would be much more cost-effective for the existing hospitals to expand as needed," she said. "The cost of a new hospital in an area where it's not needed is just ridiculous." ▲



Can't Make The Proper Diagnosis?

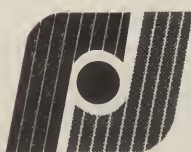
Diagnosing your computer needs and office management problems isn't what you learned in medical school. But, in today's medical marketplace, computerization is critical for the successful, efficient management of your practice.

You need the help of qualified professionals.

Reiser, Jennings and Co. has been working with clients for over 23 years helping them choose and implement the right computer systems. Reiser, Jennings and Co. is an independent accounting firm. We are not committed to any one software program, although through our years of analysis of programs available, we have seen the benefits each program can offer. It is our goal to help you make the right choice for your office. We assess our client's needs and match those needs with the appropriate software. Then we train our clients and their staffs to properly use and maintain the programs. And that is the key to greater office efficiency and greater profit.

Reiser, Jennings and Co. provides approaches for automated accounting systems by bringing together accounting, management information, software and computer experience from one source. We've assembled a team of qualified professionals to serve your practice. Our Health Care Services Group is ready to be part of your practice management team.

Call our office today for more information. We'd be happy to answer any questions you may have. Or we can have one of our representatives stop by for a free, no-obligation consultation.



Reiser, Jennings and Co. of Illinois P.C.
Bloomington, Illinois • Ph: 309-663-7506

Call Reiser, Jennings & Co., and reclaim the time to do what you do best... keeping people healthy.



LOYOLA UNIVERSITY CHICAGO

Master's of Jurisprudence in Health Law

Bridging the Gap Between Law and Medicine

Loyola Law School's Institute for Health Law is now accepting applications for its sixth Master's of Jurisprudence in Health Law class. The Master's of Jurisprudence is a 30-credit degree offering designed to provide physicians and other health professionals with an understanding of core legal subject areas and health law topics and is the only one of its kind in the nation. Special health law course offerings are provided in regulatory, business, medical, liability, public health and policy areas. Applications are being accepted until May 1 for classes beginning this summer. For more information please write or call:

Institute for Health Law
Loyola University School of Law
1 East Pearson Street
Chicago, IL 60611
312/915-7174

Call Now to Attend Our Open House on March 23

Health care reforms

(continued from page 1)

"It's time to improve the way we run our health care business in the state of Illinois," said state Rep. Barbara Flynn Currie (D-Chicago), one of the bill's sponsors. "And it's time to do a better job of reimbursing for those providers who care for our responsibilities — Medicaid clients, low-income people."

Currie faults the present Medicaid system, the Illinois Competitive Access and Reimbursement Equity (ICARE) program, for the plague of hospital closings around the state. "Under the contracting system, we've seen many hospitals, especially those hospitals that serve predominantly poor Illinoisans, run out of [patient] days before the contract period is over," she said. "We've seen them have to scramble around trying to pick up somebody else's leftover Medicaid days, or worse, having to transfer [patients] to other hospitals that may be far removed."

Illinois Hospital Association (IHA) President Ken Robbins said half of the 22 hospitals that have closed statewide since 1985 have done so because of inadequate Medicaid funding. "More will close — within the next year — if something is not done immediately," Robbins said.

The proposed system, formulated over the last two years by IHA, is patterned after the federal government's diagnosis-related group Medicare reimbursement system. Hospitals would be paid a set amount per case, regardless of the number of days a patient stays in the hospital.

Robbins estimated that under the new system hospitals would recover 95 to 97 percent of their costs in de-

livering care to Medicaid patients. As a result, they would be able to cut back the cost shifting of \$1.1 billion a year to privately insured patients to cover losses, he said. He added, however, the program would do nothing to ease the slow payment cycle, in which hospitals now wait about 80 days to be paid by the state. Thirty days are required by an earlier agreement between IHA and the Illinois Department of Public Aid, Robbins said.

The hardest portion of the proposal to sell in Springfield will be the \$300 million price tag, said Sen. John Cullerton (D-Chicago). Although half of the funds would come from federal sources, the state would have to kick in the other \$150 million. Based on Gov. Jim Edgar's projections of insufficient revenue and pledge to hold the line on taxes, many General Assembly members have warned that any legislation requiring additional state funding will be dead on arrival on the House and Senate floors.

Robbins hopes the two lawsuits IHA filed in November challenging the inadequacy and slowness of reimbursements of Illinois' Medicaid system will force the state to come up with "some payment system" that meets federal standards. "A program that doesn't spend substantially more money probably doesn't" fulfill those standards, he said.



Mc Candee Studios

Sen. Judy Baar Topinka (left) and Sen. John Cullerton are both proposing drastic health care reforms for the current legislative session. Topinka seeks a regional health care authority for Cook County and Cullerton is supporting an overhaul of Medicaid.

Hearings on motions to dismiss the lawsuits in state and federal courts were scheduled for March 8 and March 13.

Currie said she supports an income tax increase to pay for health care reforms, and Cullerton added that Illi-

nois residents already are paying informal tax increases through their private insurance premiums. "We are subsidizing the underfunding of Medicare, Medicaid and the growing number of people who don't qualify for either one, who don't have any insurance," he said.

Regional health authority sought

Meanwhile, undaunted by a two-vote defeat in the Senate at the close of last year's legislative session, state Sen. Judy Baar Topinka (R-Berwyn) is resurrecting her bill calling for an independent Cook County health authority to oversee delivery of health care services to the county's more than 3 million residents. The proposal urges the development of a Regional Health Care Services Authority that would coordinate and deliver county and city clinic and hospital services, and be responsible for all federal, state and local funds spent on health care. The bill also proposes a \$5 user fee for all residents accessing health services.

"This is where I think the tortured

[Chicago and Cook County] Health Care Summit was trying to get," Topinka said in addressing a Feb. 26 gathering of advocacy groups attempting to build a coalition to effect health care reforms through new legislation.

"With this health authority, I'm not talking about anything that even remotely resembles the commission that's currently out there, that has no authority, that has no teeth, that has no enforcement powers," she said. "This has all of the above. It reaches out into the neighborhoods, provides health care accessibility, [and] leverages federal health care dollars."

Topinka told the group members she believes any reforms are possible as long as no additional state funding is required. "Because if there are going to be increases in money that we're going to go for right out of the box, we're dead in the water," she said. "Because as Gov. Edgar has noted, 'There ain't none.'"

She offered to sponsor her share of reform bills within the "super-structure" of her Cook County health care authority proposal, but warned the group against connecting the idea of consolidating city and county health facilities with proposals for universal health care.

"They are very specifically separate issues," Topinka said. "And there are those of us who can support these particular issues who might not want to see universal health care in the state of Illinois. Maybe on a national basis where it would work, but not state by state, or you're going to drive our medical care providers out of Illinois." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/15MS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgeon. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Central Illinois: seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago — seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require emergency medicine or primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Michigan City, Ind. — seeking full-time and part-time emergency physicians for 99-bed, low volume hospital emergency department within hours drive of Chicago. Excellent compensation, paid malpractice and full benefit package to full-time staff. Opportunity for advancement. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 20, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

ENT — Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Cardiologist board certified/board eligible wanted for well established cardiology-internal medicine practice in near southwest Chicago suburb. Both invasive and non-invasive practice. Send curriculum vitae and resume to: Box 2176, *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practitioner — unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practice — hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Southwest Illinois — Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Central Illinois — Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Internal medicine — Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital — 8 bed ICU — excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River, central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

BE/BC allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

General practitioner for short-term full-time work in progressive southwest Illinois facility. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Geriatric medicine fellowship – University of Illinois at Chicago section of geriatric medicine offers positions for July 1991 and 1992. Program directed by Alvar Svanborg, M.D., Ph.D., for BC/BE internists. Facilities include hospital inpatient unit, consultation service, comprehensive outpatient geriatric assessment clinic, teaching nursing home, and home-health service. Strong teaching and research components. AA/EOE. Contact: David O. Staats, M.D., Department of Medicine (787), University of Illinois at Chicago, 840 S. Wood St., Chicago, IL 60612; 312/996-4750.

Nephrologist/internist needed for small, near north-side practice. Will provide dialysis facility equipped for hemodialysis and peritoneal dialysis, as well as a doctor's office, exam room and waiting room. If interested in this very new, lucrative position and practice opportunity, please send CV for consideration to 7809 Lake St., Morton Grove, IL 60053.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Central Illinois. New facility, expanding staff, provide medical services to student clientele. No DRGs, no nights, 40-hour week, ample time off – opening for BC/BE family practitioner. Full-time 11 month position, competitive salary/benefit package. Application deadline June 1, 1991. Contact Glenn Weiss, Medical Director, Illinois State University, Normal, IL 61761; 309/438-8795. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Minnesota communities seek family physicians: private practice opportunities in attractive settings offer guarantees plus incentives, benefits and hospital support. Locate your practice in Minneapolis, Richfield, Hopkins, Eden Prairie, Wayzata, Mound, Montgomery, Monticello, Lakefield, Litchfield, Springfield, or St. James. Contact: Jerry Hess, Abbott Northwestern Hospital, 800 E. 28th St., Minneapolis, MN 55407; 1-800-248-4921.

Due to illness, a well-established general surgeon and practitioner is retiring. Practice is available immediately offering a very rewarding financial arrangement. Less than two hours from Chicago, Sreator has a population of 15,000 with a progressive, licensed 240-bed hospital. For further information, contact Robert Gubbels, St. Mary's Hospital, 815/673-2311.

Illinois, southwest of Chicago: part-time physician, seeking experienced emergency BC/BP physician for work in a Level II trauma center hospital (60 miles southwest of Chicago Loop). Excellent remuneration with malpractice coverage and flexible staffing. Contact Steven Taller, M.D., F.A.C.E.P., Morris Hospital, 150 W. High St. Morris, IL 60450; 815/942-2932.

Non-invasive cardiologist – four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn.: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Highland Park – family practitioner/internist currently in practice wanted to help supervise weight loss and wellness program. Mostly evening hours. Possibility for daytime practice out of same office. Please contact David Burleigh, 708/635-6580, 2404 E. Dempster, Des Plaines, IL 60016.

Illinois Medicine/March 15, 1991

Medical director. A challenging opportunity exists for an experienced, results-oriented physician to join our executive team on a part-time basis. This individual will direct our UR/QA program, physician credentialing and assist in the pre-certification and concurrent review process. Must be board certified with a minimum of five years of clinical experience required. Please send your resume to Box 2191, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Correctional Medical Systems is searching for primary care physicians to assume the responsibility of medical director at Joliet Correctional Center and Robinson Correctional Center, Robinson. These opportunities offer a good mix of clinical and administrative duties. Chosen candidates will be contracted by Correctional Medical Systems and will be offered a comprehensive remuneration package to include an hourly clinical rate, monthly directors stipend, health, dental and life insurance and the opportunity to participate in our low cost occurrence malpractice program. Please contact: John J. Bogdajewicz at 1-800-325-4809 ext. 3107 or send your CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141.

Allergy – long-established, growing adult/pediatric practice in Chicago suburbs needs new BE/BC associate. Guaranteed salary, immediate percentage of profits, leading to partnership. Benefits include insurance (malpractice, health, life, disability) and pension plans. Minimal office management. Please reply to Box 2192, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

OB/gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year OB/gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Northern Illinois University: full-time board eligible/certified psychiatrist for Northern Illinois University, half with University Health Service and half with Counseling and Student Development Center. To provide outpatient psychiatric evaluation, short-term psychotherapy and consultation with other professionals. Licensure in Illinois or eligibility thereof. Position open until filled. Preference to candidates applying before April 1, 1991, board certified, experience with young adults and team approach. Phone or write to Rosemary B. Lane, M.D., Director, University Health Service, Northern Illinois University, DeKalb, IL 60115, 815/753-1314. Northern Illinois University is an Equal Opportunity/Affirmative Action Employer.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Anesthesiologist: mature, experienced, board certified in anesthesia and quality assurance. Director of anesthesia and medical director at present. Looking for position in accredited surgi-center where my talents can be utilized. Chicago or suburban area. Write to Box 2189, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Family practice. Net \$150,000. Columbia, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

X-ray machine sale. Includes table, fluoroscope, chest x-ray wall cassette rack, developing tank, assorted film cassettes, wall pass thru cabinet, more. Illinois state approved. Call 708/448-2273.

Practice for sale. 40-year established general practice. N.W. side in Chicago. Large active patient count. Grossing over \$200,000. 1,200 square feet of easy working space in one level atrium building with attractive lease. Four plumbed exam rooms, large MD office, fully equipped lab, large business office, 12-seat waiting room. Currently, 22 hours of office hours per week. Turnkey for right MD or small group. Contact H. Volk at 708/386-3951 or write P.O. Box 3753, Oak Park, IL 60303 for further information.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

Family practice/pediatrics, two-physician practice, established 17 years, grossing \$500,000-plus, in progressive community one hour's drive southwest of Chicago. Numerous recreational opportunities, good schools and modern hospital. Terms negotiable. Relocating. Send inquiries to Box 2190, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

For sale. General practice/internal medicine. Well established, in central Illinois town of 8000, with acute care local hospital. Access to larger towns. Trained staff. Reasonably priced for early consideration. Send CV with date of availability in confidence to Box 2193, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

□ Largest pool of available physicians in the nation

□ Network of 7 regional offices nationwide

□ Expertise that produces unparalleled results in recruiting quality physicians

□ Proven system that produced over 1,000 placements in the last 3 years.

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



JACKSON
& COKER

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

F O R A Q U A L I T Y

DEFENSE

*THE EXCHANGE BUILDS
A STRONG DEFENSE TEAM
WITH THE
PHYSICIAN DEFENDANT,
DEFENSE COUNSEL
AND EXCHANGE STAFF.*



We know your professional reputation is at stake. You can count on the Exchange for superior advocacy service.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians since 1976.

ILLINOIS STATE
MEDICAL



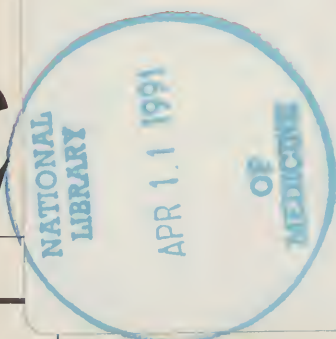
INTER-
INSURANCE
EXCHANGE

Illinois Medicine

March 29, 1991

ILLINOIS STATE MEDICAL SOCIETY

Annual
meeting preview



Edgar proposes IDPA budget cuts

by Tamara Strom

GOV. JIM EDGAR has proposed a balanced state budget that includes cutting the reimbursement rate for Illinois Department of Public Aid providers and eliminating optional services for Medicaid patients.

"Government can no longer be all things to all people," Edgar said in

his March 6 budget message. "For too long, Illinois has been on a spending binge. It is time that we tear up our credit cards and put a screeching halt to the spending spree in state government."

Addressing the impact of the governor's proposed Medicaid cuts, Robert M. Reardon, M.D., Illinois State Medical Society president-elect,

said, "We appreciate the governor's position and commend his commitment to reducing the Medicaid payment cycle. There are no easy choices in a fiscal situation such as one the state faces."

Edgar said the state must restore its cash reserves so that at the very least bills can be paid on time. He stressed this should be done without additional tax increases. The governor still supports making permanent the temporary surcharge tax due to expire June 30. He challenged the Democrat-controlled General Assembly to come up with a balanced budget that matches his bottom line.

Although Edgar has ordered more than \$87 million in spending cuts for the current fiscal 1991 budget he "inherited," the state will still finish the year in June with about \$627 million in unpaid bills, including more than \$500 million owed to Illinois medical providers.

"Is it really fair that health care providers who treat our poor are facing fiscal disaster because they have to wait month after month after month to be reimbursed for their ex-

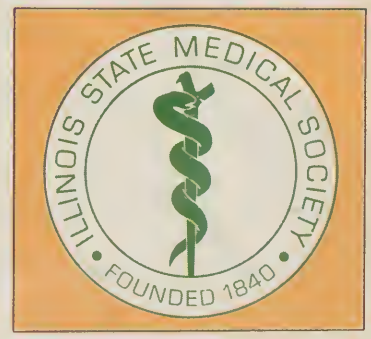
(continued on page 13)

IDPA major program cuts ...

- **More than \$181.7 million** from a 5 percent across-the-board rate cut to fiscal 1991 medical provider rates & other rate cuts;
- **More than \$107.2 million** from limiting/eliminating the Aid to the Medically Indigent and General Assistance programs;
- **More than \$81.9 million** from elimination of other optional programs;
- **More than \$45.4 million** from elimination of the Quality Incentives Payment Program for long-term care providers;
- **More than \$40.0 million** from changing the disproportionate share hospital formula; and
- **More than \$27.3 million** from restricting high-volume users.

Source of data: Illinois State Medical Society analysis

ANNUAL
MEETING
1991



PHYSICIAN PARTICIPATION in state executions, access to care for the uninsured and medically indigent, and terms of office for officers and trustees are among the issues facing the Illinois State Medical Society House of Delegates at its annual meeting April 12-14.

Delegates will debate more than 50 resolutions during the three-day meeting at the Westin O'Hare Hotel in Rosemont. The House will convene at 9:30 a.m. on Friday, April 12, with reference committee testimony on the resolutions scheduled for Friday afternoon. The full House will debate the resolutions on Saturday and Sunday. James H. Andersen, M.D., of Oak Brook, will address the House as ISMS president for the final time on Saturday.

Dr. Andersen will be honored for his yearlong tenure as the society's official spokesman at the annual President's Night celebration on Friday evening, April 12. The evening will feature entertainment by The Capitol Steps, a Washington, D.C.-based troupe that specializes in satirical songs on the foibles of government. [See related story page 8.] The Dick Judson Orchestra will provide the music.

Dr. Andersen's successor, ISMS President-elect Robert M. Reardon, M.D., of Bloomington, will present his inaugural address on Sunday. The House will also elect ISMS

(continued on page 9)

ISMS calls malpractice study data misleading

CONSUMER GROUPS charging that caps on non-economic damages will not ease skyrocketing health care costs are wrong, Illinois State Medical Society officials say. Society leaders disputed claims made in a recent survey alleging that malpractice costs are an insignificant percentage of overall health costs.

"The study's credibility suffers since its data are suspect," said ISMS President James H. Andersen, M.D., of the report released March 5 by the Coalition for Consumer Rights and Illinois Public Action. "Their charges and their numbers appear to have been extrapolated and manipulated to prove [their] point."

In the survey, "The Wrong Diagnosis: The Impact of Medical Malpractice Costs on the Rising Cost of

Health Care," coalition researchers contend that malpractice costs only account for 1 percent of the nation's nearly \$600 billion annual health care tab. Therefore, the report concludes, tort reform is an inappropriate solution to the health care crisis in this country.

But citing such visible supporters of tort reform as Gov. Jim Edgar, President George Bush and AFL-CIO President Lane Kirkland, Dr. Andersen responded that caps are the final piece of the tort reform puzzle needed to check health care costs. ISMS supports a \$250,000 cap on non-economic damages when the total award exceeds \$500,000. During his January inaugural address, Edgar



James H. Andersen, M.D. (left), says tort reform will ease rising health care costs. Robert Creamer says malpractice costs are an insignificant factor.



called for legislation mandating malpractice caps, calling them a viable strategy for lowering health care costs in Illinois.

The consumer groups disagreed, saying tort changes would do nothing.

(continued on page 13)

In this issue

News briefs 2

ISMS presents Outstanding
Team Physician Awards 2

Prevention heads
governor's priorities 3

Letters to the editor 5

Doctors can provide peer
support during litigation 6

Leonard Mennen, D.O.:
caretaker and catalyst 10

UNIQUE 3 DIGIT 200
0318 IM
NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
MD 20014
BETHESDA

News Briefs

Rep. Russo introduces universal health bill

A new single-payer, national universal health care proposal was introduced March 6 by U.S. Rep. Marty Russo (D-Oak Lawn).

"Everyone knows our health care system is in serious trouble – health costs are spiraling while the uninsured population continues to grow," Russo said. "This bill would halt the spiral in health care costs and eliminate the vast army of paper pushers now employed by the U.S. health care system. The billions these measures save would be used to provide quality health care for all citizens."

Russo claimed his proposal would cost \$549 billion a year, a savings of \$40 billion a year over the present system. He said the single-payer system would be funded through state and federal funds already spent on health care and a "moderate increase" in payroll taxes and personal and corporate income taxes. In exchange, the federal government would provide comprehensive health care services to Americans at no charge.

Under Russo's plan, patients would be free to choose their own physicians. Benefits would include all medically necessary physician and hospital care, preventive care, home health services, hospice care, dental services and prescription drugs, among others. Medical providers could not charge more for service than the amount they would be reimbursed by the government.

Although acknowledging some rationing of services might occur in a

universal system, Russo said medical services are already rationed in this country "in the worst possible way," by insurance status. The new system would only ration services on a person's need for care, he said. A similar measure for a state plan has been introduced in the Illinois House of Representatives by Rep. Jan Schakowsky (D-Evanston).

First 1991 measles cases hit DuPage

March marked the state's first measles outbreak of 1991, when nine cases were confirmed in DuPage County. The origin of the outbreak is unknown and no new cases have been reported since March 7, said Sandra Lundgren, a spokesman for the DuPage County Health Department. In response to the outbreak, the health department immunized nearly 1,000 people at two immunization clinics, she said.

The DuPage measles cases are the only ones reported to the Illinois Department of Public Health this year, said Mary Huck, IDPH public information officer. She added that the first measles outbreaks in the state usually occur around late winter and early spring.

The cases are centered around a Naperville elementary school, where eight students in kindergarten through fourth grade contracted the illness, Lundgren said. The ninth case is a Lisle resident. ▲

— Compiled by Tamara Strom and Sean McMahan



H. Bates Noble, M.D. (center), presented plaques and jackets to four recipients of the ISMS 1991 Team Physician Award. (L to R): Robert H. Manoogian, D.O.; Paul E. Wochos, M.D.; Dr. Noble; Clarence V. Ward Jr., M.D.; and Brian A. O'Neill, M.D.

Five outstanding team physicians honored

FIVE ILLINOIS physicians were honored March 14 for their contributions to Illinois high school athletic programs when they were presented with the Illinois State Medical Society 1991 Outstanding Team Physician Awards.

Robert H. Manoogian, D.O., of Orland Park; Brian A. O'Neill, M.D., of Belleville; Clarence V. Ward Jr., M.D., of Peoria; and Paul E. Wochos, M.D., of Palatine, received their awards at the Illinois High School Association Press Banquet at the University of Illinois at Urbana-Champaign. The fifth recipient, Vladimir J. Suchy, M.D., of Hinsdale, was unable to attend the event.

The ISMS Team Physician Award program was initiated in 1982 to recognize physicians who volunteer their time to assist Illinois high schools with their sports programs.

H. Bates Noble, M.D., of Barrington, chairman of the ISMS Sports Medicine Committee, presented the awards. A special guest was Edward P. Grogg, M.D., of Urbana, one of the six physicians who won the Outstanding Team Physician Award in 1983, the first year the awards were presented.

"The ISMS Sports Medicine Committee solicits nominations for the award from all high schools, colleges and county medical societies in the state," Dr. Noble said. "More than 50 physicians were nominated for this year's awards."

Dr. Noble said that award winners are selected according to the following criteria: Providing more than 10 years' service to their local schools, either in a voluntary or paid capacity; maintaining their ISMS membership; educating coaches, trainers, parents and athletes about the importance of prevention and treatment of injuries; contributions to their communities beyond the athletic field; and promoting or doing research in sports medicine.

Dr. Noble's remarks included these comments on each winner:

Dr. Robert H. Manoogian serves as team physician to several schools, including Alan B. Shepard High School in Palos Heights, and DeLaSalle Institute and St. Martin de Porres High School in Chicago. Dr. Manoogian is also active in academic programs, including conducting a Saturday morning seminar on study habits and memory.

Dr. Brian A. O'Neill has served as team physician for Althoff Catholic High School in Belleville for more than 17 years. John O'Brien, Althoff principal, wrote, "The personal care and concern that Dr. O'Neill shows for our athletes extends itself into the area of a more personalized relationship, in that students recognize him as a source for personal counseling and advice."

Dr. Clarence V. Ward Jr. has more than 25 years' experience as team physician to Catholic high schools in the Peoria area. "His efforts and example have encouraged many other local physicians to become active in sports medicine, thus influencing the health of young athletes beyond his personal practice," Dr. Noble said.

Dr. Paul E. Wochos has worked as team physician for Addison Trail High School since 1968, providing coverage for more than 120 games without compensation. Addison Trail Principal Donald Layne wrote, "Paul's presence on the sidelines is comforting, assuring and relieves some of the pressures of handling football injuries."

Dr. Vladimir J. Suchy has offered his services as team physician at Proviso West High School, Hillside, for more than 30 years. "[Dr. Suchy's work] reflects a genuine concern for the physical and medical welfare of our student body," wrote Bernard Skul, Proviso West athletic director. ▲

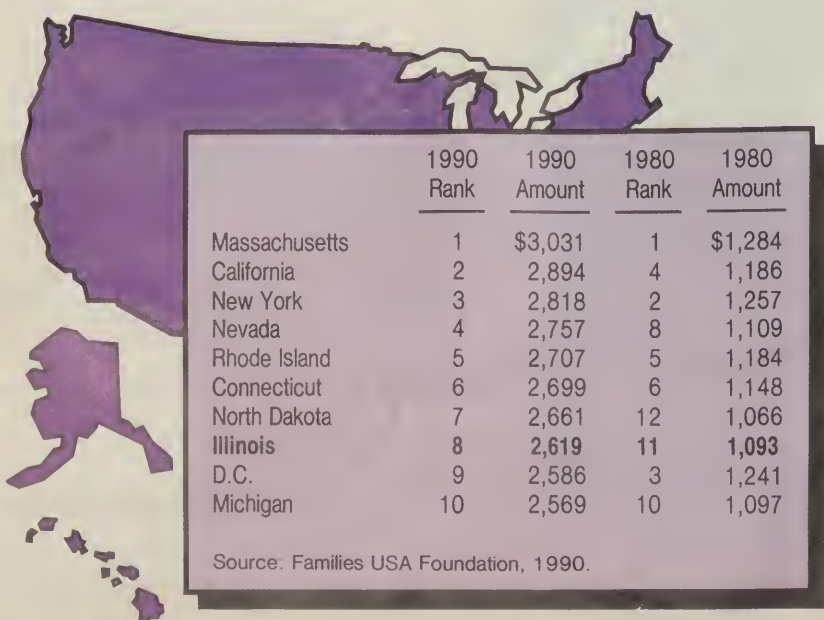
Corrections and clarifications

In the March 15 story about the ISMS mini-internships, state Sen. Laura K. Donahue (R-Quincy) was listed as a state representative and U.S. Rep. Richard J. Durbin (D-Springfield) was listed as being from Quincy.

Illinois Medicine regrets the errors. ▲

Physician Facts

Top 10 states in per capita health spending



Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Prevention heads governor's budget priorities

by Tamara Strom

ALTHOUGH SEVERAL preventive programs would benefit in Gov. Jim Edgar's proposed budget, other programs would be jeopardized, most notably the state's trauma system.

If Edgar has his way, the \$5 million appropriated last year by the General Assembly to help state-designated Level I trauma centers cover the skyrocketing cost of emergency care would be eliminated. The trauma funding equals half of the Illinois Department of Public Health's proposed \$10 million in spending reductions.

Without this funding, Level I trauma centers, particularly those in Chicago, may have difficulty providing trauma care, said Patrick Lenihan, deputy commissioner of the Chicago Department of Health. "The hospitals that voluntarily joined the trauma system were counting on that money as ongoing support for treating a disproportionate number of medically indigent and Medicaid patients," Lenihan said.

If the funding is cut, he said, the participating hospitals and city officials would have to discuss distributing patient loads to spread the losses associated with delivering trauma services equally among the institutions. "The decision to cut this funding is shortsighted and makes no sense," he said. "I can't understand the thinking behind it."

But because participation in the state's trauma system is voluntary, the \$5 million subsidy is a "logical" IDPH budget cut, said department spokesman Thomas Schafer. "Trauma was a new program and that's what bumped it to the top" of the list of cuts, Schafer said. "We want to keep the trauma system running. And we are supportive of providing the funding if the money is available. But we don't believe the state can afford it now."

Schafer said IDPH does not believe the success of the trauma system "rides on this \$5 million." To avert further erosion of Chicago's strapped trauma centers, he suggested that some hospitals might have to operate as Level II centers, instead of the comprehensive and more expensive Level I centers. "We're certainly not minimizing the impact of this cut. This is the first year any of [the trauma centers] received any money from the state," he noted. "Nobody wanted to make cuts of this magnitude and they are unpopular reductions. But the governor said if the legislature can't live with these they'll have to find others."

Schafer said IDPH suggested cuts in selected areas to permit the department to retain the general revenue funds for other health programs that serve more people. "Our ultimate goals are prevention and serving the most people possible," he said, so IDPH recommended cuts in programs covering medical services, such as \$1.5 million cut from the hemophilia assistance program, nearly \$1 million from the organ transplant program and \$1.95 million from the chronic renal disease program. "We're satisfied with the cuts as the governor presented them because it allows us to maintain all of our preventive programs," he said.

More painful would be cutting the same \$10 million from the department's share of general revenue funds – so-called "across-the-board" cuts – which would have forced IDPH to "hack away at other programs," Schafer said. For example, cutting \$1 million in general revenue funds from the state's immunization program would mean 110,000 fewer vaccinations against measles, mumps and rubella. Similarly, a \$1 million cut in the Women, Infants and Children program would wipe out the funding to pay for food the department purchases for 1,800 pregnant women and infants.

"We don't want to cut our payment programs, but we had to make cuts

somewhere," Schafer said. "The only other way our agency could make these spending cuts would be layoffs, and that would mean some services would have to be eliminated because there wouldn't be sufficient staffing."

But Lenihan said making Illinois residents choose between trauma care and immunizations is not a fair choice. "We need to take a hard look at other options for cuts," he said. "You don't start by cutting programs that directly affect the health and safety of the population, especially in a budget as large as that of the state of Illinois."

Lenihan said if the governor is truly dedicated to keeping prevention

programs in the state's budget, he would leave the trauma funding untouched. "If we can save lives and prevent lifelong disability – and that's what trauma care does – then we can save money in the long run," he noted. "Not to include trauma is a narrow view of prevention. If you prevent death and disability, that's a basic form of prevention."

The Department of Mental Health and Developmental Disabilities also faces steep spending cuts in the governor's budget proposal, while two other health-related departments, Rehabilitation Services and Alcohol and Substance Abuse, would receive modest budget increases.

- The mental health department will absorb a 1.6 percent decrease in its overall budget if the governor's

(continued on page 14)

Blue Cross[®] Blue Shield[®]

REPORT

FOR *Illinois Physicians*

ALL DOCTORS HAVE A UPIN, BUT NOT ALL DOCTORS HAVE A PIN

Confused? Maybe this explanation can clear it up.

UPINs and UPINs are given only to physicians. Nonphysicians do not have them.

Every doctor rendering a service reimbursable by Medicare is assigned one UPIN, which stands for Unique Physician Identification Number. UPINs are six-digit identifiers beginning with any letter and followed by five numbers. UPINs are not used on claims, at least not currently. UPINs are used in Medicare administration. They identify all services that are rendered or ordered by a physician, in all locations and under all provider numbers.

PINs are assigned only to doctors in a certain type of group (explained below) and in hospitals. The PIN, standing for Physician Identification Number, also is a six-digit identifier but begins only with "P" or "L". If a physician has a PIN, the PIN is used on claims to identify him as the physician who performed the service, or who referred a patient for consultation or treatment, or who ordered therapy, tests, medical equipment, or supplies.

The type of group that has "PIN physicians" is an Option Two group. These groups submit claims under the group's provider, or billing, number. The PIN is necessary to identify the particular physician who performed or ordered the services. A separate PIN is issued for each setting at which the physician practices on behalf of the group. However, payment is based on the group's profile rather than an individual physician profile. Hospital-based physicians also are assigned PINs for identification purposes because their services are billed under a hospital provider number. The use of the correct PIN is very important.

In conclusion, every physician has a UPIN, but only Option Two group physicians and hospital-based physicians have a UPIN and a PIN.

LAW PROHIBITS ASSISTANT SURGERY CHARGE FOR 2,200 PROCEDURE CODES

Since January 1, 1991, Medicare payment for assistant at surgery services cannot be made for some 2,200 procedure codes. A list of the codes is available by writing to the Freedom of Information Unit.

If a physician knowingly and willfully bills a beneficiary for assistant at surgery services for these procedure codes, the Secretary of Health and Human Services may apply sanctions. These sanctions can include excluding a physician from the Medicare program for up to five years or civil monetary penalties and assessments.

The rule comes from the Omnibus Budget Reconciliation Act of 1990, which prohibits Medicare payment starting in 1991 for assistant at surgery services if an assistant surgeon is used in less than five percent of the procedure's cases nationally. The 1990 law also reduces the reasonable charge for a physician's assistant at surgery services, rendered January 1, 1991, and after, to 16 percent of the prevailing charge for the surgical procedure. The previous percentage was 20 percent. In addition, on a physician's unassigned claim for assistant at surgery services, the law imposes a limiting charge beginning in 1991 equal to 125 percent of the payment allowance. The codes not payable for assistance at surgery may be obtained by writing to:

Medicare B
Freedom of Information Unit
P.O. Box 992
Marion, IL 62959

(3/29/91)

Editorials

Spring fever

The surest sign of spring in Illinois is not the sighting of the first robin or the discovery of crocus sprouts in the garden. Spring begins when you begin to hear and read references to Sweet Sixteen activities – not in magazines aimed at adolescent girls with dreams of formal dresses, but in the sports news.

After months of late practice, following a grueling interscholastic schedule, after conference and regional and sectional and supersectional competition, parents, classmates, coaches and high school basketball players descend on Champaign-Urbana to participate in Illinois' version of March Madness. By the time they reach the Assembly Hall, the Sweet Sixteen has been reduced to the Elite Eight, although the noise the fans make equals at least 16 high school gymnasiums.

Before the games begin, though, other rituals take place. This year, as in the past eight years, the press banquet preceding the tournament featured award presentations to Illinois physicians. The five doctors honored have volunteered their time and expertise and represent, by one estimate, more than 125 years of volunteer service to Illinois high school athletic programs. Coordinating the required school physicals; riding the bench with the junior varsity during the games, just in case; tending to the cuts, bruises and sprains that are a part of every sport; and counseling coaches, parents and athletes on topics from sports injuries to drug abuse, these doctors serve the community and our young people with distinction and usually without much fanfare.

The Illinois State Medical Society's Sports Medicine Committee provides the recognition these physicians deserve through the annual presentation of the Outstanding Team Physician Awards. Inviting nominations from the Illinois High School Athletic Association, high school principals all, the committee this year screened more than 50 nominations and selected five doctors as this year's Outstanding Team Physicians.

A plaque and a jacket are small thanks for professionals who give up their time at home and with their families, their Saturday mornings (and Friday nights and Saturday nights, depending on the schedule) and do so cheerfully, out of compassion for the kids and love for the game, whether it's basketball, lacrosse or football.

Congratulations to the doctors honored in Urbana; their award and the tournament are one of the surest signs of spring in Illinois. And now that Proviso East has carried home the basketball net from the Assembly Hall, it's time to greet the boys of summer and break out the baseball schedule. Because the second surest sign of spring is when sports talk turns from the Chicago Bulls and Michael Jordan to that most ancient, most honorable National League rivalry, Cardinals vs. Cubs. ▲



"And how do you deal with stress?"

Guest Editorial

The ISMS House of Delegates: Your voice in policy making



by Joan E. Cummings, M.D.

As the 1991 Illinois State Medical Society annual meeting approaches, it is appropriate to reflect on the role of the House of Delegates as organized medicine's voice in Illinois – your voice.

ISMS is a membership organization driven by the skills, knowledge and wisdom of its 18,000 physician members. As an ISMS officer, I, along with the other officers, am the tool by which the policies and directives of the House of Delegates are implemented. Thus, it is the House of Delegates that gives guidance and direction to all ISMS activities. This point cannot be made too strongly.

The 494 members of the House of Delegates include the society's seven officers and 26 trustees, and 461 delegates and alternate delegates elected by ISMS' component societies throughout Illinois. From April 12-14, these physician representatives will review and consider numerous reports from the society's various councils and committees. They will elect the society's 1991 officers and vote on physicians to fill vacancies on the Board of Trustees and alternate delegates for the ISMS delegation to the American Medical Association.

But by far the most critical task of the House will be to deliberate the merits of the 54 resolutions before it. The results of these deliberations will shape future ISMS policy. These resolutions, which are introduced by delegates acting as individuals or on behalf of their component societies, spring directly from ISMS members' concerns. They address such issues as access to quality health care, reimbursement by third party payers, ethical issues such as physician participation in executions, and even how the society selects its officers and trustees. In short, quality of life issues that impact patients, physicians and their families.

It is in the House of Delegates that these issues surface, are considered and often vigorously debated. It is in the House of Delegates where the issues and problems you as physicians face every day are addressed in a positive and concerned fashion.

Like most democratic processes, the deliberations of the House may seem cumbersome, and even confusing, to the casual observer. But the efficiency of the process is apparent in the very consensus that emerges from the debate – a consensus necessary to produce subsequent action. In other words, the House of Delegates creates the society's agenda for the coming year. An agenda that will be implemented by the society's officers, board, councils and committees. Your agenda.

What happens during these three days in April each year is important not only to ISMS members, but also to our patients and the society at large. That fact should cause each of us to pause and thank the delegates and alternate delegates who work so hard to assure the democratic process and who carefully consider the many items that come before them. These dedicated physicians will listen, weigh testimony, debate, invest emotions and make recommendations about the matters concerning medicine and its practice in 1991. We can all be proud of this process and should all recognize its value. ▲

Dr. Cummings is Speaker of the ISMS House of Delegates.

Illinois Medicine

VOLUME 3, NUMBER 6

MARCH 29, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

James H. Andersen, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*
Alexander R. Lerner, *Executive Vice President*

Illinois Medicine Committee

Joan E. Cummings, M.D., *Chairman*
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, *Editor*
Carla J. Nolan, *Managing Editor*
Kevin O'Brien, *Executive Editor*

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.

Letters to the Editor

HCFA administrator responds

I thought it very important to address from the perspective of the Health Care Financing Administration the concerns that James H. Andersen, M.D., cited in his Nov. 9, 1990, President's Column "Attitude Is Everything."

We are very aware of the feeling of "hassle" felt by physicians and health providers stemming from the many changes made to Medicare law over the last 25 years. Gail R. Wilensky, Ph.D., administrator of HCFA, considers easing physicians' frustration with Medicare a top priority. She has taken a series of steps designed to improve communications and working relationships between physicians and the carriers and HCFA.

For example, HCFA now requires each Medicare carrier to employ a Medicare medical director – a physician who, in addition to other duties, serves as an ombudsman for physicians in reviewing the appropriateness of coverage, payment or documentation decisions. We have also instructed carriers to aggressively seek feedback from their local medical and specialty societies prior to implementing changes in their medical review policies.

One of HCFA's major new efforts is the Medicare contractor reform initiative. This action is aimed at improving the uniformity, efficiency and performance of carriers and fiscal intermediaries by seeking ways to reduce inconsistencies among geographic areas in such matters as coverage, payment policy and medical review criteria.

Physician payment reform, scheduled for implementation in January 1992, will fundamentally change physician payment to a resource-based relative value scale from the current "reasonable charge" system. HCFA and its carriers are conducting a major informational and educational effort to familiarize physicians with this change and how it will affect physician reimbursement.

Equally important to recognize, however, is that HCFA must effectively administer the Medicare program to assure quality of care and fiscal integrity in the long run. In that regard, some policies may be perceived as burdens by providers but, when viewed as a whole, are needed to effectively administer Medicare. Nevertheless, we think it very important to foster and strengthen communication with all health care providers by providing timely information when carriers implement legislative changes.

We will continue to pursue strategies to ease the tension and frustration that many physicians feel toward Medicare. We encourage physicians and other providers of health care services to continue developing effective working relationships with the carriers and with HCFA.

Chester C. Stroyny
Regional Administrator
Health Care Financing
Administration

Doctors have their day March 30

PHYSICIANS WILL be honored for their dedication to patient care in celebrations throughout Illinois in observance of National Doctor's Day, March 30.

"The day-to-day work of healing conducted by physicians throughout the United States has been shaped, in large part, by great pioneers in medical research," reads a proclamation by President Bush declaring National Doctor's Day. "However, in addition to the doctors whose names we easily recognize, there are countless others who carry on the quiet work of healing

each day in communities throughout the United States. ..." Gov. Jim Edgar also issued a proclamation declaring Doctor's Day in Illinois.

Doctor's Day is observed on March 30 to commemorate the first use of ether anesthesia for surgery by Crawford Long, M.D., in 1842. Congress first declared Doctor's Day in 1958.

Illinois State Medical Society Auxiliary chapters around the state have Doctor's Day events planned. "The idea is to honor the physician for the work they do and also to do something for the community in

honor of the physicians," said Sharon Shattan, chairman of the Auxiliary Doctor's Day Committee.

Doctor's Day also provides an opportunity to celebrate patient care and to seek ways to improve the physician-patient relationship. "Patients and physicians working as a team is what [Doctor's Day] is all about," said Arvind K. Goyal, M.D., president of the Chicago Medical Society. "We want to get the message out that doctors are there to serve patients, and that patients are responsible for their own health." ▲

— Sean McMahan

One Of A Kind



Please see Brief Summary of Prescribing Information on adjacent page.

Glaxo/ROCHE

Doctors can provide valuable support to peers involved in malpractice litigation

by Tony Sullivan

SEVERAL YEARS AGO, Joseph Perez, M.D., learned that a physician he knew had been named in a malpractice lawsuit. Although the suit questioned the physician's medical abilities, Dr. Perez continued to consult with him "because he was so very capable.

"He later told me that one of the best things that ever happened to him, as far as building and maintaining his morale during the malprac-

tice litigation process, was that his peers and colleagues continued to use him and to trust his medical abilities," says Dr. Perez, a family physician in Rockford.

A medical malpractice lawsuit can cause deep, far-reaching and devastating emotional damage to the physicians being sued and those around them. It's an event that often "comes out of the blue and hits like a bolt of lightning," as one doctor says. And it can produce a variety of reactions ranging from anger, self-

doubt, guilt and frustration at one extreme to drug and alcohol dependency, divorce, even suicide at the other.

Many proven and effective methods exist to survive a malpractice lawsuit and deal with the stress associated with it, say most experts and physicians with firsthand experience. Among the most potent and beneficial of these coping strategies is to seek peer support.

That's what Dr. Perez's colleague did. By maintaining professional re-

lations with his colleague, Dr. Perez helped him survive the emotional trauma that malpractice litigation can inflict.

This collegial support can take many forms, experts say. One of the most basic, yet most beneficial, actions is simply to talk with the colleague about the situation.

"The malpractice process can be extremely ego-deflating," says Richard Sperling, M.D., a plastic surgeon in Skokie. "You can show a great deal of support simply by listening."

Dr. Sperling speaks from experience. He was sued for malpractice early in his career, which now spans more than 20 years. He was not the direct care giver, but was a victim of the plaintiff attorney's "deep-pocket" approach to collecting damages. Despite his distance from the case, he found himself so depressed by the situation that he considered leaving active practice to enter academic medicine. But the support he received from colleagues in his group helped him maintain his self-esteem and confidence.

Peer assistance can be valuable

Physicians with firsthand experience in malpractice litigation can provide valuable assistance to peers being sued for the first time, says Sara Charles, M.D., a psychiatrist and nationally recognized expert in coping with malpractice stress.

"If you're going into battle, it's good to talk with someone who's gone into battle," says Dr. Charles, author of *Defendant: A Psychiatrist on Trial for Medical Malpractice*. Dr. Charles co-wrote the book, based on a malpractice suit brought against her, with her husband in the late 1970s.

"I know that doctors are more than willing to tell what the litigation process was like for them. That can sometimes help doctors who have never had the experience a great deal."

Physicians who have been through malpractice litigation can offer answers to questions about what the process is like and what kinds of stressors it can produce, Dr. Charles says. They also can alert their colleagues to the methods attorneys use to blindside defendant physicians and suggest what to look out for during the questioning process.

That kind of support was unavailable to Dr. Charles when she was sued. "Doctors weren't allowed to talk about their cases then," she says. "Their lawyers told them not to, so they didn't. Nobody knew what was going on."

"What we have learned since then is that the majority of doctors going through the malpractice litigation process have a major emotional response and that the medical community was not helping. What the medical community has done – and the Illinois State Medical Inter-Insurance Exchange has taken a leadership role in this respect – is to recognize the legal prohibition of discussing the case while it's in the litigation process, but to respond in a human way to these physicians who are doing intensely human work."

That response has taken the form of a statewide physician support group established to lend collegial



One Of A Kind

Zantac®

ranitidine HCl/Glaxo 150 mg and 300 mg tablets

Zantac® 150 Tablets
(ranitidine hydrochloride)

Zantac® 300 Tablets
(ranitidine hydrochloride)

Zantac® Syrup
(ranitidine hydrochloride)

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac® product labeling.

INDICATIONS AND USAGE: Zantac® is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: Zantac® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS:

General: 1. Symptomatic response to Zantac® therapy does not preclude the presence of gastric malignancy.

2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although Zantac has been reported to bind weakly to cytochrome P-450 *in vitro*, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/d.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella*, *Escherichia coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with Zantac®. The relationship to Zantac therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to Zantac administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

Cardiovascular: As with other H₂-blockers, rare reports of arrhythmias such as tachycardia, bradycardia, atrioventricular block, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and rare reports of pancreatitis.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days. There have been occasional reports of hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice. In such circumstances, ranitidine should be immediately discontinued. These events are usually

BRIEF SUMMARY

Zantac® 150 and 300 (ranitidine hydrochloride) Tablets
Zantac® (ranitidine hydrochloride) Syrup

reversible, but in exceedingly rare circumstances death has occurred.

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by Zantac and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when Zantac has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population.

Integumentary: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac® product labeling).

Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice daily. An alternate dosage of 300 mg or 20 ml (4 teaspoonfuls equivalent to 300 mg of ranitidine) once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome): The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day. In some patients it may be necessary to administer Zantac® 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/d have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

GERD: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: Zantac® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets.

Zantac® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 (NDC 0173-0344-42) and 100 (NDC 0173-0344-09) tablets and unit dose packs of 100 (NDC 0173-0344-47) tablets.

Store between 15° and 30° C (59° and 86° F) in a dry place. Protect from light. Replace cap securely after each opening.

Zantac® Syrup, a clear, peppermint-flavored liquid, contains 16.8 mg of ranitidine hydrochloride equivalent to 15 mg of ranitidine per 1 ml in bottles of 16 fluid ounces (one pint) (NDC 0173-0383-54).

Store between 4° and 25° C (39° and 77° F). Dispense in light, light-resistant containers as defined in the USP/NF.

July 1990



Glaxo Pharmaceuticals

DIVISION OF GLAXO INC.
Research Triangle Park, NC 27709

© Copyright 1987, Glaxo Inc. All rights reserved.

support to physicians being sued for malpractice. That group, the Physician Support Group, was formed to recognize the need and benefit of physicians sharing their similar reactions to being sued. The group consists of more than 30 volunteer physicians from various specialties and spouses of physicians who have firsthand experience in the malpractice litigation process. The program's volunteers do not provide therapy, but serve as informal and sympathetic listeners for stressed physicians or spouses and lend support during a critical period in their lives.

The Winnebago County Medical Society has a similar group composed of about 20 physicians and spouses, all of whom also have firsthand experience in the malpractice litigation process.

A doctor need not have firsthand experience in malpractice litigation to provide collegial support. When providing such support, however, colleagues should refrain from discussing specifics of the case. Doing so may violate physician-patient confidentiality. In addition, physicians involved in malpractice litigation

- Go out of your way to urge your colleague to seek support. Physicians by nature are self-sufficient and proud and view themselves as helpers, rather than as individuals needing help.

- Educate the doctor being sued or remind him or her about effective coping strategies that he or she can use to deal with malpractice stress.

- Give a colleague who is being sued time and room to deal with the stress and maneuver through the litigation process. That may mean offering to fill in for the physician if he or she is feeling particularly stressed about the situation.

- Avoid blame if possible. Doctors who belong to a group practice may feel particularly guilty if they are

sued, because they may feel the suit will bring down the entire practice. Partners must tell the colleague being sued that this is untrue.

- Help your colleague maintain his or her self-esteem. You can do that by letting the person be an equal and a peer. Work together with your colleague and let him or her participate in the group.

Above all, emphasize that, in most cases, being sued does not mean the colleague is a "bad" doctor and that the feelings of guilt, self-doubt, anger and depression are normal. "To be upset about a malpractice lawsuit is not an illness. It's normal," says Richard Eisenstein, M.D., an Evanston psychiatrist and member of the Physician Support Group.

Physicians can also remind their colleagues that many of today's malpractice lawsuits stem not from bad medicine, but from greed on the part of an individual or lawyer.

"These [physicians] from my perspective, are not impaired," says Dr. Charles. "They are relatively healthy, well-functioning physicians who are stressed and who need some support and help from within the medical community to deal effectively with it. They need to function optimally, and you can't when you're under the gun of a malpractice suit unless you have some help." ▲

For information about the Physician Support Group, call (800) 782-ISMS.



"I know that doctors are more than willing to tell what the litigation process was like for them. That can sometimes help doctors who have never had the experience."

— Sara Charles, M.D.

should refrain from discussing any aspects of a case with other physicians who may be involved in the litigation.

Experts recommend several actions that all physicians can take to help a colleague cope with the stress of malpractice litigation:

- Be sensitive to what the person is going through. Make yourself available as a source of social support rather than rejecting and isolating the person.

- Be aware of the effect that malpractice litigation can have on a physician. It can cause some doctors to quit medicine. It can cause others to change their way of treating patients and become defensive in their treatment and professional interactions. It can cause others to turn to drugs or alcohol.



They Say There's A Touch of Magic in the PBT Major Medical Plans...

But we simply listened to you, the member physicians of the Chicago Medical Society and the Illinois State Medical Society. Then we designed low-cost individual and group practice Major Medical plans with the great features you asked for:

- No Pre-Approvals
- No Second Opinions Required
- Comprehensive Coverage
- Guaranteed Renewable
- Your Choice of Doctors & Hospitals

The PBT Major Medical Plans aren't magic, but they are what you expect from your medical society. After all, we're just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

<input type="checkbox"/> Please send information about the PBT Major Medical Plan sponsored by my medical society.	Name: _____
<input type="checkbox"/> Send information about the other PBT plans I have checked.	Practice Name: _____
<input type="checkbox"/> Excess Major Medical	Street: _____
<input type="checkbox"/> Medicare Supplement	City/State/Zip: _____
<input type="checkbox"/> Hospital Indemnity	Telephone: _____
<input type="checkbox"/> Dental	
<input type="checkbox"/> Long Term Disability	
<input type="checkbox"/> Accidental Death & Dismemberment	
<input type="checkbox"/> Term Life	
<input type="checkbox"/> Personal Umbrella	
<input type="checkbox"/> Office Overhead	
<input type="checkbox"/> Office Benefits Program	

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

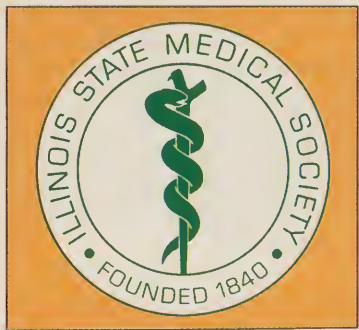
ISMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

ANNUAL MEETING 1991



Reference committee to debate AMA unification

by Tamara Strom

SHOULD ILLINOIS, one of two original states to unify with the American Medical Association, maintain unified status? A special reference committee during the Illinois State Medical Society annual meeting will give members a chance to air their views on the subject.

Two resolutions have been submitted for reference committee deliberation regarding AMA unification — one for and one against. In unified states, physicians must belong to the AMA in addition to joining their state and local medical societies.

This year's special reference committee results from the 1990 ISMS

House of Delegates vote to establish a forum to discuss problems members perceive with the AMA. During last year's ISMS annual meeting, five resolutions regarding unification were debated. Among the problems critics cite are the AMA's inability to enhance the image of the profession, its lack of lobbying success on the federal level and financial irregularities that came to light in 1990.

But delegates accepted a reference committee recommendation to maintain unified status for a year and re-examine the AMA's progress in addressing the members' concerns in 1991.

"Deunification at this time ... could create the perception that the AMA is not worth saving," the 1990 reference committee report said. "Such a message from the large and influential Illinois State Medical Society could have damaging repercussions that would be felt throughout the federation. The challenge of creating and effecting change from within the organization offers both proponents and opponents of unification the opportunity to strengthen the organization while achieving a consensus, whenever possible, on major issues of mutual concern."

Now, a year later, the Iroquois County Medical Society is sponsoring a resolution that would make membership in each society voluntary. The resolution claims the AMA has made no significant changes in its external activities to warrant ISMS remaining unified. According to Resolution 41, ISMS is an "autonomous organization" with a mission to further the cause of organized medicine.

The AMA, however, is "an autonomous organization whose mission is not clearly understood and in some instances is felt by the membership of the ISMS to be hurting the cause of organized medicine," the resolution states. Therefore, the resolution asks the House to change the ISMS constitution and bylaws to delete concurrent AMA membership as a condition of ISMS membership "until such time that the AMA through deeds regains the confidence of Illinois physicians." Those physicians who wish to retain their AMA membership in the meantime would be free to do so.

Meanwhile, the Peoria Medical Society has submitted a resolution calling for ISMS to continue its unified status with the AMA. Resolution 22 cites the "many benefits" of unified membership to members and constituent societies as cause to retain unification.

In addition, the resolution says the AMA "has been responsive to efforts led by the ISMS to institute corrections and changes which have led to past criticism; therefore, be it resolved that the Illinois State Medical Society House of Delegates reaffirm its support of unified American Medical Association membership and continue a tradition and continuity shared by only one other state."

ISMS first debated AMA deunification in 1981 and again in 1984. On both occasions, the delegates voted to retain unified status. Currently, only seven states are unified — Illinois, Oklahoma, Kansas, Delaware, Mississippi, Montana and Pennsylvania. ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

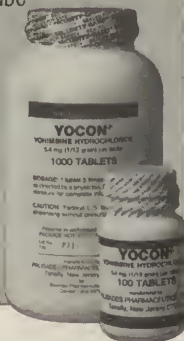
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083



Annual meeting (continued from page 1)

officers, trustees and delegates to the American Medical Association to serve during 1992 on Sunday before its scheduled adjournment at noon.

Physician participation in executions

Published reports of physician involvement in the September 1990 execution of Charles Walker at Stateville Prison in Joliet has prompted six resolutions aimed at diminishing or eliminating such participation in the future. Two resolutions submitted by Cook County and the ISMS Board of Trustees call for ISMS to proscribe physician participation in executions on ethical grounds, and to inform state agencies that such participation should be grounds for disciplinary action. But a third resolution from DuPage County goes further, calling for legislation to make such participation illegal.

Another resolution submitted by an individual delegate is more comprehensive in scope, asking the House to declare unethical "physician participation in active euthanasia, criminal executions or physician-aided suicides." This resolution asks that a similar resolution be submitted to the AMA House of Delegates.

Finally, a DuPage County resolution asks the House to affirm that it is unethical for a psychiatrist or other physician to render treatment to mentally ill prisoners "solely for the purpose of making them competent for execution." Another, submitted by an individual delegate, wants a similar prohibition, asking that "administering or prescribing psychotropic medication against a prisoner's will so that the state can proceed with execution" be labeled unethical.

President's Night features Capitol Steps

THE CAPITOL STEPS, a Washington, D.C. comedy troupe known for its political parodies of popular songs, will provide entertainment at the Illinois State Medical Society's President's Night, April 12 at the ISMS annual meeting in Rosemont.

ISMS President James H. Andersen, M.D., saw the group in January at the American Medical Association Leadership Conference in Orlando, Fla., and asked them to perform at President's Night, which will also celebrate the close of the society's sesquicentennial. The Dick Judson Orchestra will provide the music.

The Capitol Steps first performed in 1981 at a Christmas party in the office of former Sen. Charles Percy of Illinois. The group, composed of current and former congressional staffers, perform original song parodies satirizing current events and the foibles of the Washington scene. They have performed for Presidents Reagan and Bush, and regularly turn up on National Public Radio's "All Things Considered." They have also recorded several albums.

Advance registration is required to attend President's Night. For more information contact ISMS at (312) 782-ISMS. ▲

Access to care

A formal ISMS study of the Oregon Basic Health Services Act and its applicability to Illinois is advocated in a Winnebago County resolution, one of several that address the issue of access to quality health care. The resolution asks the House to instruct the Board of Trustees to study the experimental plan and, if deemed appropriate, "to develop or support legislation in the spirit of the Oregon Act." It also calls for the board to report its findings to the House at the 1992 annual meeting.

Another access resolution asks that ISMS "assist in the development of a plan to provide for adequate access to basic medical services for all Illinois residents," while still another merely calls on ISMS to conduct a general study of the problem. Final-

ly, a resolution asks the House to affirm its support for the AMA's Health Access America plan.

Terms of office

The current length of ISMS officer and trustee terms are the subjects of two resolutions from Jackson County and the Peoria Medical Society. The Jackson County resolution would place limits on the number of years various officers could serve.

The resolution would also limit trustee terms to two consecutive three-year terms, instead of the current three consecutive three-year terms. The Peoria resolution would limit trustees to two consecutive three-year terms. Once trustees had served the maximum term, they would have to wait three years before again serving as a trustee.

Other activities

The annual meeting will host a number of other activities, including the 1991 annual meeting of the ISMS Political Action Committee (IMPAC) on Friday, April 12. The annual Public Affairs Breakfast will be on Saturday morning.

The ISMS Auxiliary's House of Delegates will have its annual meeting April 10-12. AMA Auxiliary President-elect Sherry Strebel will present the keynote address at Thursday's morning session.

In addition to several workshops, the meeting will also include addresses by Father George Clements, pastor of Holy Angels Church in Chicago, and public speaker Tony Brigmon. ▲

For Your Patient Referral Needs



One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex



MEDICAL
COLLEGE
OF WISCONSIN

Leonard Mennen, D.O.: caretaker and catalyst

by Catharine Reeve

"A DEAN IS both a caretaker and a catalyst," says Leonard Mennen, D.O., dean of the Chicago College of Osteopathic Medicine in Downers Grove. "You want to move the institution to another plateau by the time you leave."

Dr. Mennen says that one of his priorities when he became dean in July 1989 was to evaluate whether the school's curriculum was turning out the kind of physicians society most needed. "Society really dictates the kind of medicine we practice," he says.

That focus today, he believes, centers on the humanistic aspects of medicine and the social problems that affect patients. "The physicians are gatekeepers," he says. "They must learn how to handle all the primary care problems as they come to them. They have to understand many of the emotional problems and stresses in society that people go through today and how to deal with them. If patients have stomach pains, it is no longer adequate to give them antacids and H2 blockers. If you sit and ask them why their stomach hurts, they'll tell you. It may be that their kids are on drugs, that they have sexual problems or they are frustrated by their jobs. The physician must be able to communicate and give the patients the feeling that he or she cares."

Osteopathy, Dr. Mennen says, is "the best-kept secret in medicine." It was founded in the mid-1800s by An-

drew Taylor Still, M.D., a disillusioned physician who emphasized the then-revolutionary concept of holistic, patient-oriented (as opposed to disease-oriented) health care. It is also the fastest growing health care profession in the nation. Metropolitan Chicago is home to one of 16 osteopathic colleges in the United States (there are about 127 traditional medical schools). Currently, 33,000 osteopaths practice in this country, compared to 500,000 medical doctors.

The 103-acre campus over which Dr. Mennen presides has 500 students; applications for freshman slots are up 20 percent over last year. Between 60 percent and 65 percent of graduating students will go into some form of primary care, Dr. Mennen says. He notes that when he was a student in the 1960s, that figure was closer to 8 percent.

Dr. Mennen says the best place to gain the required expertise in primary care and patient communication is in ambulatory situations. Students at the college are exposed to a variety of clinical experiences because the school owns and operates two hospitals and 26 clinics in and around Chicago. There is a mandatory rotation for all students through the clinics and an optional rotation for senior students in a rural medical environment in downstate Illinois.

Innovative teaching techniques are another of Dr. Mennen's priorities. "We're constantly looking for new ways to deliver information to the students." For example, it is easy for



Leonard Mennen, D.O.

students to miss some aspect of their clinical education because patients and physicians frequently change.

The college attempts to fill this void by requiring every student to attend and be tested on a computer-assisted core lecture series in every discipline. "It's very difficult otherwise to measure what the student has learned in the clinical years," Dr. Mennen says.

The dean also stresses student involvement in the school. Students sit on committees – at the moment,

first two years. The clinical adviser then becomes the mentor for the final two years, when the student is on clinical rotation. He has insisted that there be more women mentors in the program because "women have different problems," he says, "such as how to practice medicine and raise a family." Women currently constitute 45 percent of the freshman class.

Dr. Mennen is both a pharmacist and an osteopath. He received his pharmacy training at Fordham University in his home state of New York and went to Kansas City, Mo., to obtain his osteopathic training. His specialty is cardiology and he still sees patients once a week. "But my interest in education superseded my interest in continuing solely as a clinician," he says.

Dr. Mennen's background in pharmacy has led to plans for a pharmacy school on the college's campus, due to open in September 1992. "There is currently a shortage of pharmacists," he says. "And the state of Illinois has only one pharmacy school." The new school is part of the administration's effort to transform the campus into a federation of colleges that would maintain their own identities, while sharing infrastructure costs and complementing one another in what they offer their respective students.

Noting that faculty members "want to expand their horizons and educational knowledge base, too," Dr. Mennen also tries to keep their interests in mind as he strives to attain his own objectives. After all, he says, "Deans don't last as long as the rest of the faculty." ▲

Editor's note: This article is the third in a series profiling Illinois' medical school deans.

"The physician must be able to communicate and give the patients the feeling that he or she cares."

— Leonard Mennen, D.O.

some students are helping to plan the details for a new building that is in the works – and they are encouraged to drop in to see him. "I have an open-door policy," he says. That isn't idle talk. At the time he was being interviewed for this article a junior student stopped by to say goodbye. Her reserve unit had just been activated to go to the Persian Gulf.

Mentoring program revamped

When Dr. Mennen arrived at the college, a student mentoring program was in place. But he takes pride in having shaped it so that it is, he believes, "second to none." Each freshman student is assigned a preclinical mentor and a clinical adviser for the

LOYOLA UNIVERSITY CHICAGO

Master's of Jurisprudence in Health Law

Bridging the Gap Between Law and Medicine

Loyola Law School's Institute for Health Law is now accepting applications for its sixth Master's of Jurisprudence in Health Law class. The Master's of Jurisprudence is a 30-credit degree offering designed to provide physicians and other health professionals with an understanding of core legal subject areas and health law topics and is the only one of its kind in the nation. Special health law course offerings are provided in regulatory, business, medical, liability, public health and policy areas. Applications are being accepted until May 1 for classes beginning this summer. For more information please write or call:

Institute for Health Law
Loyola University School of Law
1 East Pearson Street
Chicago, IL 60611
312/915-7174

Notification of IMPAC annual meeting

THE 1991 ANNUAL meeting of the Illinois State Medical Society Political Action Committee will be held on Friday, April 12, 1991, immediately following the adjournment of the ISMS House of Delegates at approximately 11:15 a.m. at the Westin O'Hare Hotel in Rosemont. All members are encouraged to attend.

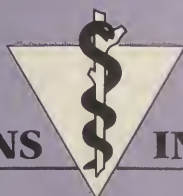
The 1991 IMPAC Nominating Committee has met and nominated the following individuals for membership on the IMPAC Council for terms expiring in 1994. They are: Virendra S. Bisla, M.D., Flossmoor; Edward J. Fesco, M.D., LaSalle; Jere E. Freidheim, M.D., Chicago; Reynold J. Gottlieb, M.D., Oak Brook; Robert C. Hamilton, M.D., Chicago; Raymond E. Hoffmann, M.D., Rockford; Harold L. Jensen, M.D., Flossmoor; Tassos P. Nassos, M.D., Northbrook; Edward F. Ragsdale, M.D., Alton; Alan M. Roman, M.D., Flossmoor; and M. LeRoy Sprang, M.D., Skokie. ▲



Because You Have More Important
Things Than Malpractice Insurance
to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC
call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

IDPA budget

(continued from page 1)

penses?” Edgar asked. “Last year, we put them in jeopardy so that we could maintain the status quo and not make the difficult budget cuts that should have been made.”

IDPA requested an overall budget of \$4.4 billion for fiscal 1992, an increase of \$259.7 million over this year. But as a result of Edgar’s pledge to balance the budget without raising taxes, the department must absorb spending cuts. And in light of a growing welfare population, services must be cut and prioritized, said IDPA spokesman Dean Schott.

Payment cycle reduced

Edgar also wants to reduce the general reimbursement cycle from more than 80 days currently to 60 days next year. “Next fiscal year [IDPA will] strive to keep the payment cycle at 60 days for the entire year,” Schott said. “So physicians will know how long the reimbursement cycle will be for the whole year, instead of [having it grow] toward the end of the fiscal year. We started this year at 35 to 40 days. Now we’re over 80 days and by the end of the year we could be over 90. This year we only had about 10 months of funding to pay for 12 months of service.”

But reducing the payment cycle will cost the state an additional \$157.9 million. Together with other cuts, the governor’s proposal includes a 5 percent reduction in the reimbursement rate for physicians and other medical providers.

The delay in reimbursement, along with the fact that Medicaid does not reimburse physicians for their full cost of providing care, may serve as a disincentive to physicians

to participate in the program, Dr. Reardon noted. “Physicians may have to limit the number of Medicaid patients they see as a result of payment delays and the low level of reimbursement,” he said. “This might result in diminished access to care for Medicaid patients.”

The rate cut could result in more than \$182 million in savings for the state in fiscal 1992. Of that, at least \$9 million will come from reductions in reimbursements to physicians. To effect the rate reduction, Schott said, rule changes and legislative approval will probably be necessary, depending on the contracts each provider group has with IDPA.

Optional services axed

In addition to rate cuts, IDPA will capture more than \$82 million of its shortfall by eliminating reimbursement for most optional medical services, including dental, optometric, podiatric, chiropractic and hospice services. Coverage for medical appliances such as wheelchairs and crutches also will be cut. Children, however, will continue to receive dental and optometric care.

Access to care for high-volume Medicaid recipients also would be restricted and closely monitored, saving the state more than \$27 million. Another \$52 million or more will be saved if Edgar’s proposal to eliminate medical services for single, able-bodied adults on General Assistance is approved, Schott said. He added that most individuals on General Assistance are single adults who do not qualify for any other assistance program. More than \$9 million of the proposed savings from General Assistance would come from unreimbursed physician services.

Children on General Assistance

for 1982 (the last year for which data are available) were \$1,101, compared with Illinois at \$1,308. The authors say there is “a difference of only \$200,” but fail to point out that difference represents a 19 percent discrepancy in costs.

“We already know that tort reform works,” Dr. Andersen noted. “As a result of legislation the society supported in 1985 and 1987, we have seen the number of frivolous suits filed in Illinois decline dramatically in the past five years. That fact alone has saved the taxpayers and our patients money.”

Despite a decline in frivolous suits, the severity of jury awards has escalated, Dr. Andersen noted. This is because juries have been “forced to calculate awards for damages that are difficult, if not impossible, to quantify,” he added.

Jury Verdict Research, an Ohio-based firm that studies malpractice claim trends nationwide, reported that jury awards above \$1 million have jumped in the last decade. “Another important indication of award trends that must be considered is the number and size of plaintiff verdicts of \$1 million or more,” the report states. “Since 1980, 35 verdicts of \$1 million or more have been reported for doctors’ malpractice, 22 within the past three-year period.”

Robert Creamer, executive director of Illinois Public Action, a self-styled consumer advocacy group that supports research conducted by the coalition, called ISMS’s contention that tort reforms will lower health

IDPA fiscal 1992 budget cuts (in millions)

	1992 full year need	Total reductions	Percent reduction	Payment to 60 days	Final 1992 request
Health practitioners	\$ 338.7	\$ 75.3	-22.23	\$ 29.6	\$ 293.0
Hospitals	\$1,211.3	\$227.7	-18.80	\$ 19.3	\$1,002.9
Prescribed drugs	\$ 259.3	\$ 50.5	-19.47	\$ 29.8	\$ 238.6
Long-term care	\$1,088.6	\$100.9	- 9.27	\$ 38.4	\$1,026.1
Other medical	\$ 194.2	\$ 55.2	-28.45	\$ 19.4	\$ 158.4
HMOs	\$ 96.4	\$ 6.8	- 7.09	\$ 21.4	\$ 111.0
TOTALS	\$3,188.5	\$516.5	-16.20	\$157.9	\$2,829.9

Source of data: Illinois State Medical Society analysis

and adults in families with children on public aid would continue to receive medical coverage, Schott said.

Other substantial cuts proposed for the fiscal 1992 IDPA budget include repealing a mandated 7.1 percent annual increase for nursing home care and eliminating the Quality Incentives Payment Program for long-term care that rewards care givers for providing higher quality services. The department’s Aid to the Medically Indigent program would be another budget-cutting casualty, saving the state more than \$52 million, \$8 million or more of that from physician services.

Hospital payments also lower

Hospital reimbursement also takes it on the chin in Edgar’s budget. The disproportionate share hospital formula, which reimburses hospitals with a high percentage of public aid patients at a higher rate, would be changed to save \$40 million.

“Illinois disproportionate share hospitals are critical health care resources in their communities,” said Ken Robbins, president of the Illi-

nois Hospital Association, which called Edgar’s budget “unkind to the sick and poor.” He added that slashing the disproportionate share formula would put many hospitals at risk. “For hospitals heavily dependent on Medicaid reimbursement, the proposed budget cuts will prove to be a financial disaster.”

Dr. Reardon also noted the impact of the proposed reimbursement rate cut on practices with a high volume of Medicaid patients. “Five percent may be negligible in terms of a few patients,” he said. “However, the effects for those physicians who are committed to serving large Medicaid populations may be severe.”

Schott said all the medical cuts in IDPA’s proposed budget were difficult to make, but claimed each is necessary to reimburse providers in a timely manner. “We need to be attuned to [Medicaid providers’] needs and reimburse them as promptly as possible for the services they provide so they remain active participants in the Medicaid program.” ▲

Tort reform (continued from page 1)

ing to lower costs or increase access. Instead, they propose a universal health care system, similar to the one in Canada, as a cure-all.

“The cost explosion has nothing to do with medical malpractice expenses,” said Nancy Cowles, associate director of the coalition and co-author of the study, during a March 5 press briefing. “Just 1 percent of the total health bill is spent on malpractice premiums, legal fees and other costs attributable to malpractice.”

Dr. Andersen cited that statistic as one example of the report’s inconsistent and misleading data. While a pie chart on page 1 of the report purports to illustrate the 1 percent figure for medical malpractice costs, accompanying text states that in 1987 medical liability insurance accounted for 4 percent of physicians’ gross revenue and 6.5 percent of their expenses. A subsequent chart contradicts both of those numbers, listing medical malpractice costs as 5.9 percent of physician income and 12 percent of their expenses.

“At best,” said Dr. Andersen, “the numbers are misleading and inaccurate. They perpetuate intellectual dishonesty.”

The coalition’s contention that states with caps have not seen significant relief from either high medical liability rates or escalating health care costs also does not hold up under scrutiny, Dr. Andersen said. For example, the report states that per capita health care costs in Indiana

care costs “bogus.” IPA is the principal supporter of a universal health care bill already introduced in this session of the General Assembly.

“The malpractice issue is purely a red herring,” Creamer said. “The prescription for controlling health costs and increasing health care availability is a single-payer universal health care insurance program, both here in Illinois and nationally.”

Experience-based rating sought

IPA and the coalition also support state legislation that would mandate experience-based rating for malpractice coverage. “Why haven’t the doctors bought into experience-based rating?” Creamer asked, adding that he “sympathizes” with physicians because they are “victims” of the insurance industry. Malpractice carriers are a “niche sector” of the market, he said, and charge high premiums because “they can get away with it.”

Creamer compared experience-based rating for medical malpractice coverage to higher auto insurance premiums for people convicted of drunk driving. “The few ... bad doctors should pay considerably more of the burden instead of spreading it across all doctors,” he said, claiming that reform of this type would do more than would changing the tort system. “People with sponges left in them” and other victims of medical malpractice should not have to suffer further by having limits set on jury awards, he said.

But that reasoning does not adequately characterize the malpractice

arena, because it is not only “bad doctors” who lose malpractice suits, said Fred Z. White, M.D., chairman of the Exchange Board of Governors. “All physicians are at risk,” Dr. White said. “Just because a physician loses a malpractice case or settles a claim out of court does not mean the doctor was at fault. And it certainly does not imply that he or she is a ‘bad’ doctor.”

The Exchange already offers experience-based rating to physician groups of 25 or more, Dr. White noted. In addition, the Exchange may assess a premium surcharge for physicians with a history of cases that are closed with indemnity, whether the case is settled or receives an adverse judgment at trial. Surcharges are assessed on a case-by-case basis, Dr. White said. And while the Exchange typically does not invoke a surcharge on cases that are settled without payment, in rare instances physicians who have several suits filed against them may have to pay more for coverage.

“We don’t have a problem with experience-based rating,” said Dr. White. “But we do have a problem with it being mandated.”

Dr. White said rules would be needed to decide what types of losses would incur higher rates. Also, physicians paying much higher malpractice costs would have to share those costs with their patients by charging more for delivering care, he said. “So the high costs of malpractice insurance will still come back to the consumers.” ▲

State health agencies
(continued from page 3)

proposal is approved. Although the department plans to maintain its current staff-to-patient ratios, department officials say they must do so while reducing staff by 700 positions, including about 250 layoffs. Plans also are being made to reduce by 370 the number of beds at state-operated facilities.

In addition, the department plans to offset planned spending reduc-

tions for 1992, and the \$14.5 million cut from this year's budget, by maximizing federal reimbursements, said Director William Murphy.

Under Edgar's budget, the department also would cut back the grants it gives to community service agencies. Mental health grants would be cut by \$2.8 million and monies for programs for the developmentally disabled would be slashed by \$5.8 million.

- The Department of Alcoholism and Substance Abuse's fiscal 1992

budget would grow by \$100,000 under Edgar's plan. Without new funding, the department will focus its efforts on prevention, targeting treatment services more appropriately and reducing regulatory costs.

- The Department of Rehabilitation Services would spend most of its 9.9 percent budget increase for fiscal 1992 offering home care services to disabled Illinoisans. The department's home services budget will receive \$20.6 million, a 42.5 percent increase over last year. "We antici-

pate approximately 1,000 new clients in the Home Services Program this year, bringing the total client rolls to just over 11,000," said Acting Director Carl Suter. "Part of this year's client intake will include individuals with AIDS."

The department's budget also would enjoy increases for vocational rehabilitation services, the state's Centers for Independent Living and the Disability Determination Services for Social Security. ▲

FROM
THE ILLINOIS
NEWS
DEPARTMENT OF
PROFESSIONAL
REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

DECEMBER 1990

Jerry N. Rand, Chicago – physician and surgeon license indefinitely suspended for a minimum of five years after the State of California stayed a revocation of his license and placed him on probation for five years due to the Board's finding that he was mentally or physically ill as a result of substance abuse.

JANUARY 1991

Ludmilla M. Slutsky, Chicago – physician and surgeon license restored and placed on probation for five years and her controlled substances license shall remain suspended indefinitely after she violated provisions of the Illinois Medical Practice Act and the Illinois Controlled Substances Act.

Alfredo S. Dazo, Roseville, California – physician and surgeon license placed on probation for two years after his medical license was disciplined by the State of California.

Abraham A. Wolf, Chicago – physician and surgeon license reprimanded after the Department alleged that he failed to report an incident of

child abuse to the Department of Children and Family Services.

Ekhiehl F. Khait, Skokie – controlled substances license restored and placed on probation for one year after it had been suspended for five years in 1985.

John Pope, Benton – physician and surgeon and controlled substances licenses suspended temporarily pending proceedings before the Medical Disciplinary Board of the State of Illinois.

Chaudrakaut Patel, Woodridge – physician and surgeon and controlled substances licenses each revoked for a minimum of five years after he was convicted of unlawful dis-

pensing of controlled substances.

Lalitha Valluri, Chicago – physician and surgeon license placed on probation for one year and she was fined \$2,500 after the Department alleged that she failed to report an incident of child abuse to the proper authorities.

Edward A. Tapper, Chicago – physician and surgeon license suspended indefinitely for a minimum period of six years after he was convicted of mail fraud. His license shall not be restored until he passes clinical competency examinations and pays a fine of \$20,000. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgeon. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Central Illinois: seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago – seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require emergency medicine or primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Family practitioner – unique opportunity for a board certified/eligible family practitioner needed for a southern Illinois family-oriented community. Established practice already in operation. Hospital offering an excellent package to defray start up expenses. Practitioner becomes part of the clinical services department of the hospital which includes a surgeon, urologist, family practitioner, and a general practitioner and pulmonary disease specialist. Contact E.A. Helfrich, Administrator, Union County Hospital District, 517 N. Main, Anna, IL 62906; 618/833-4511.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Southwest Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Internal medicine – Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital – 8 bed ICU – excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River, central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60605.

BE/BC allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Geriatric medicine fellowship – University of Illinois at Chicago section of geriatric medicine offers positions for July 1991 and 1992. Program directed by Alvar Svanborg, M.D., Ph.D., for BC/BE internists. Facilities include hospital inpatient unit, consultation service, comprehensive outpatient geriatric assessment clinic, teaching nursing home, and home-health service. Strong teaching and research components. AA/EOE. Contact: David O. Staats, M.D., Department of Medicine (787), University of Illinois at Chicago, 840 S. Wood St., Chicago, IL 60612; 312/996-4750.

Nephrologist/internist needed for small, near north-side practice. Will provide dialysis facility equipped for hemodialysis and peritoneal dialysis, as well as a doctor's office, exam room and waiting room. If interested in this very new, lucrative position and practice opportunity, please send CV for consideration to 7809 Lake St., Morton Grove, IL 60053.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Central Illinois. New facility, expanding staff, provide medical services to student clientele. No DRGs, no nights, 40-hour week, ample time off – opening for BC/BE family practitioner. Full-time 11 month position, competitive salary/benefit package. Application deadline June 1, 1991. Contact Glenn Weiss, Medical Director, Illinois State University, Normal, IL 61761; 309/438-8711. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Central Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Minnesota communities seek family physicians: private practice opportunities in attractive settings offer guarantees plus incentives, benefits and hospital support. Locate your practice in Minneapolis, Richfield, Hopkins, Eden Prairie, Wayzata, Mound, Montgomery, Monticello, Lakefield, Litchfield, Springfield, or St. James. Contact: Jerry Hess, Abbott Northwestern Hospital, 800 E. 28th St., Minneapolis, MN 55407; 1-800-248-4921.

Due to illness, a well-established general surgeon and practitioner is retiring. Practice is available immediately offering a very rewarding financial arrangement. Less than two hours from Chicago, Streator has a population of 15,000 with a progressive, licensed 240-bed hospital. For further information, contact Robert Gubbels, St. Mary's Hospital, 815/673-2311.

Illinois, southwest of Chicago: part-time physician, seeking experienced emergency BC/BP physician for work in a Level II trauma center hospital (60 miles southwest of Chicago Loop). Excellent remuneration with malpractice coverage and flexible staffing. Contact Steven Taller, M.D., F.A.C.E.P., Morris Hospital, 150 W. High St. Morris, IL 60450; 815/942-2932.

Non-invasive cardiologist – four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn.: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Highland Park – family practitioner/internist currently in practice wanted to help supervise weight loss and wellness program. Mostly evening hours. Possibility for daytime practice out of same office. Please contact David Burleigh, 708/635-6580, 2404 E. Dempster, Des Plaines, IL 60016.

Medical director. A challenging opportunity exists for an experienced, results-oriented physician to join our executive team on a part-time basis. This individual will direct our UR/QA program, physician credentialing and assist in the pre-certification and concurrent review process. Must be board certified with a minimum of five years of clinical experience required. Please send your resume to Box 2191, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Correctional Medical Systems is searching for primary care physicians to assume the responsibility of medical director at Joliet Correctional Center and Robinson Correctional Center, Robinson. These opportunities offer a good mix of clinical and administrative duties. Chosen candidates will be contracted by Correctional Medical Systems and will be offered a comprehensive remuneration package to include an hourly clinical rate, monthly directors stipend, health, dental and life insurance and the opportunity to participate in our low cost occurrence malpractice program. Please contact: John J. Bogdajewicz at 1-800-325-4809 ext. 3107 or send your CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141.

Allergy – long-established, growing adult/pediatric practice in Chicago suburbs needs new BE/BC associate. Guaranteed salary, immediate percentage of profits, leading to partnership. Benefits include insurance (malpractice, health, life, disability) and pension plans. Minimal office management. Please reply to Box 2192, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Central Illinois – Illinois licensed primary care physicians for full-time staff positions. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

General internal medicine. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities in beautiful wooded areas with an abundance of lakes, rivers and streams. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Emergency medicine. Marshfield Clinic-Lakeland Center, located in the beautiful Lakeland area of northern Wisconsin is seeking an ER physician. This individual must be BE/BC in FP, IM or EM. This opportunity offers a challenging variety of patients, within a multispecialty group representing thirteen specialties available for back-up. This position offers a 48-hour work week. Compensation includes a competitive salary along with one of the finest fringe benefit packages in the country. Please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty groups of 35. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Emergency Consultants, Inc., is now reviewing appli-cations for full-time and part-time opportunities. Competitive hourly rates in attractive multi-state locations. Malpractice insurance provided. Benefit package available to full-time physicians. Directorships available. Call today for more information: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Lake Winnebago, Wisconsin area: seeking director, full-time and part-time emergency physicians for low volume 60-bed hospital. Attractive compensation, full malpractice insurance coverage and benefit package available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago: seeking director board certified in emer-gency medicine for progressive hospital emergency department. Excellent financial and benefit package. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago: seeking director for busy 220-bed hospital. Board certification in emergency medicine or primary specialty preferred. Excellent salary, malpractice insurance provided and benefit package available to full-time physicians. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Illinois (Chicago, west and central areas): seeking emergency medicine physicians for full-time and locum tenens opportunities in attractive moderate volume facilities. Directorships also available. Competitive hourly rates, malpractice insurance and flexible scheduling. Benefit package available to full-time physicians. For more information contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Boundary Waters Canoe Area and beautiful Lake Su-perior. Family practice opportunities in northeast Minnesota, northwest Wisconsin and upper Michigan. Offering spectacular natural beauty, abundant recreational activities (including canoeing, fishing, alpine skiing and cross-country skiing) and competitive packages. Small rural practice and larger multispecialty group practice opportunities are available. Contact Susan Sowiejka, Northern Lakes Health Care Consortium, 1017 E. First St., Duluth, MN 55805; 218/726-5587.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Board certified Ob/Gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Family practice. Net \$150,000. Columbia, popula-tion 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

X-ray machine sale. Includes table, fluoroscope, chest x-ray wall cassette rack, developing tank, assorted film cassettes, wall pass thru cabinet, more. Illinois state approved. Call 708/448-2273.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrux word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

Family practice/pediatrics, two-physician practice, established 17 years, grossing \$500,000-plus, in progressive community one hour's drive southwest of Chicago. Numerous recreational opportunities, good schools and modern hospital. Terms negotiable. Relocating. Send inquiries to Box 2190, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For sale. General practice/internal medicine. Well-established, in central Illinois town of 8000, with acute care local hospital. Access to larger towns. Trained staff. Reasonably priced for early consideration. Send CV with date of availability in confidence to Box 2193, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For sale: Abbott Vision System, Nova Celltrak II, ex-cellent condition. Call 309/762-0529, ask for Patt.

Successful internal medicine practice for sale in the Chicago Loop. This 7-year-old practice is grossing over \$200,000 annually. 670 square foot office has two exam rooms. Well-trained staff will remain. Call for more details. Professional Practice Sales, 540 Frontage Rd., Northfield, IL 60093; 708/441-6111.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Miscellaneous

Medical billing, insurance filing; we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Why does
**JACKSON &
COKER**
recruit more
physicians
each year
than any other
company?

☐ Largest pool of available
physicians in the nation

☐ Network of 7 regional offices
nationwide

☐ Expertise that produces
unparalleled results in recruiting
quality physicians

☐ Proven system that produced
over 1,000 placements in the last 3
years.



**JACKSON
& COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

RISK

M A N A G E M E N T

MANAGING RISK IS AN ESSENTIAL FOR PHYSICIANS IN TODAY'S MEDICAL-LEGAL CLIMATE.

Exchange physicians and staff show policyholders practical ways to reduce risk and prevent lawsuits—ranging from educational materials to counseling of individual physicians.

Illinois State Medical Inter-Insurance Exchange: the only professional liability carrier continuously writing coverage for Illinois physicians
SINCE 1976

ILLINOIS STATE
MEDICAL

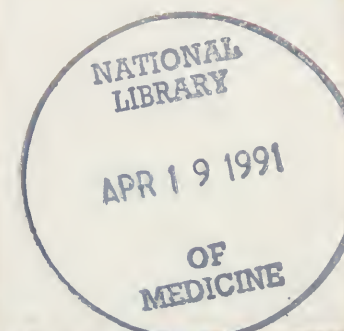


INTER-
INSURANCE
EXCHANGE

Illinois Medicine

April 12, 1991

ILLINOIS STATE MEDICAL SOCIETY



Rave reviews
for Exchange
seminar.... 11

Feast or famine for family practice

Illinois programs do well in 1991 residency match

by Tamara Strom

ILLINOIS RESIDENCY programs filled 77 percent of their available slots during the March 20 resident match, up 2 percent from a year ago. Of the total 1,312 resident positions open in Illinois hospitals and medical centers, 1,015 were filled on Match Day.

"Overall, we did well," said Doris Evans, a spokesman for Rush-Presbyterian-St. Luke's Medical Center's graduate medical education program. "All our programs did quite well, except two - psychiatry and family practice."

Rush-Presbyterian's troubling experience with trying to fill its family practice and psychiatry slots is not unique. Southern Illinois University hospital, too, is "very pleased" with its match, except in two areas, family practice and psychiatry. "We were disappointed with our numbers in those two programs," said Laurie Jones, business manager for the university's Office of Residency Affairs. "These were tough programs this year nationwide. But basically, over-

all the match went well. Our other programs did quite well."

It definitely was feast or famine for Illinois family practice residency programs this year. Of the total 297 Illinois residency slots that are still open following the match, 60, or 20 percent, are in family practice, according to statistics from the National Residency Matching Program. Statewide, 56.8 percent of the family practice slots were filled, only a slight improvement over the 1990 54.5 percent performance. And although Illinois still lags behind the national average in filling family practice slots, the gap is narrowing. Nationally, only 65 percent of family practice positions were filled through the match, down 5.4 percent from last year.

"As far as the future looks to me, some [programs] are going to have to close," said a spokesman for the SIU-Decatur family practice program, which matched only one of its available six positions. "There just weren't enough qualified applicants to fill all the slots. We expected to do

(continued on page 2)



Robert C. Hamilton, M.D. (center), recently received the Chicago Medical Society's Public Service Award. With Dr. Hamilton are, from left: M. LeRoy Sprang, M.D.; former DePaul coach Ray Meyer; James H. Andersen, M.D.; and Arvind K. Goyal, M.D.

Derwinski suspends surgery programs at North Chicago VA

by Tamara Strom

CALLING DEFICIENCIES in patient care "disturbing and serious," U.S. Secretary of Veterans Affairs Edward Derwinski is clamping down on the North Chicago VA Medical Center. Among the problems uncovered in a recent inspector general's investigation of the hospital were misdiagnosis and unnecessary surgery.

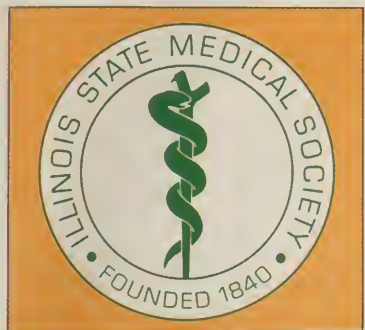
In a letter to Capitol Hill detailing the problems at the North Chicago hospital, Derwinski said he asked the chief of staff to step down, suspend-

ed vascular and orthopedic surgery, and placed the general surgery program on probation. He also said the Chicago Medical School's affiliation with the hospital is on probation pending a new affiliation proposal from the school reflecting the hospital's new, narrower mission of long-term primary care.

"Certainly this is not the way the system is supposed to work, and problems of this magnitude are very rare," said VA spokesman George Brown. "The good aspect is that we

(continued on page 12)

ANNUAL
MEETING
1991



Auxiliary meeting focuses on acting together

by Sean McMahan

AS THE ILLINOIS State Medical Society's 1991 annual meeting moved into full swing, the yearly gathering of the Illinois State Medical Society Auxiliary was drawing to a close. Approximately 125 delegates to the three-day Auxiliary meeting attended lectures and workshops on issues such as legislation, membership recruitment and stress management.

The theme for this year's meeting, "It's Time to Act Together," came from a statement President Bush made in his 1990 State of the Union message, said Cindy McLean, 1990-1991 Auxiliary president.

"It's important for the Auxiliary to

take a strong step and to really get out there in support of the medical society," McLean said about the meeting's theme. "We all realize that a lot needs doing today and we just can't sit back. We have to get more knowledgeable of the medical society's programs and be a more active part of the team."

"The Auxiliary is the best right hand, PR tool that the medical society can ever have," said Gayle Dustman, auxiliary president-elect. Induction of Dustman and the other 1991-92 Auxiliary officers was scheduled for April 12 at the President's and Installation Luncheon. Tony Brigmon, motivational speaker, consultant and songwriter, was the

scheduled luncheon speaker.

Two Illinoisans were honored with the Auxiliary's Humanitarian Award at the April 11 Awards and Recognition Luncheon. Marilou Putman, 70, of Peoria, received the award for her many years of social service work. She is a social worker at Proctor Community Hospital in Peoria and a board member of several Peoria service organizations. Putman's late husband, Harrison Putman Jr., M.D., was a Peoria physician, and three of her seven children are physicians.

Al Dobbins, 67, of Decatur, was also honored for more than 35 years of involvement in Decatur-area community service projects. A member

(continued on page 13)

In this issue

News briefs 2

No common cause found
in Taylorville cancer cases... 3

Members in the news 5

Case in point looks
at abdominal aneurysm 6

ICARE fate uncertain. 9

UNIQUE 3 DIGIT 200
0401 IM
NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20014

Mental disorders top state list of illnesses

Mental disorders were the most common illnesses of Illinois hospital patients under age 65 in 1989, according to new statistics from the Illinois Health Care Cost Containment Council. For patients over age 65, the most common illness was heart failure and/or shock.

IHCCCC's 1991 "Consumer Guide to Charges at Illinois Hospitals by Illness Categories," lists the 10 most frequent illnesses of hospital patients. In addition, the report categorizes the illnesses by the number of hospital discharges, average length of stay and average charge per stay.

Following mental disorders, the next nine most common illnesses affecting hospital patients under 65 were uterine-related problems, bronchitis and asthma (ages 17 and under), back problems, substance abuse, digestive tract problems (ages 18 to 64), chest pain, digestive disorders (ages 17 and under), simple pneumonia and pleurisy (ages 17 and under), and digestive disorders (ages 18 to 64).

For Illinois patients over age 65, the most frequent illnesses requiring hospitalization were heart failure and/or shock, stroke, simple pneumonia and pleurisy, angina, digestive disorders, major joint and limb replacement, nutritional and metabolic disorders, bronchitis and asthma, cardiac arrhythmia, and transient ischemic attack.

Copies of the report are available from the IHCCCC, 527 S. Wells, Suite 600, Chicago, Ill. 60607-3922.

Edgar announces UI technology grant

A \$900,000 Technology Challenge Grant has been awarded to the University of Illinois to establish a national science and technology center

at its Urbana-Champaign campus, Gov. Jim Edgar announced March 15.

The grant, together with another \$10.6 million grant from the National Science Foundation, will fund the Magnetic Resonance Technology Center for Basic Biological Research, Edgar said. The school was one of only 14 institutions to receive a National Science Foundation grant. Of the 25 national science and technology centers that will be up and running across the United States after the Urbana-Champaign site is completed, five will be in Illinois, including centers at the University of Chicago, Northwestern University and UI. California is the only other state to have five such centers, the governor said.

The research center's goals will include developing MRI techniques to study living organisms and individual cells. Researchers will focus on the physiology, anatomy and function of the brain in humans and animals.

"This Technology Challenge Grant underscores the State of Illinois' unrelenting commitment to scientific research," Edgar said. "Changes in science and technology are unfolding at breakneck speed and Illinois does not intend to rest on past accomplishments."

Neurologists rebuke drug company gifts

Amid congressional hearings and self-examination by organized medicine about the ethics of gifts from pharmaceutical companies, the American Academy of Neurology has decided to stop accepting financial support for social events at its annual meeting. The 1991 meeting is the last at which the group will accept pharmaceutical company grants to underwrite social events. ▲

— Compiled by Tamara Strom



Nick Zenarosa (left) and Steve McIntosh open their letters of acceptance to residency programs.

Residency match

(continued from page 1)

better; we were shocked. It's really defeating."

Even more defeating is the cut-throat competition among family practice residencies developing in the wake of the decreasing applicant pool. The SIU spokesman said another Illinois program called to ask for their one matched resident's phone number; the other program wanted to convince her to transfer to their program because they had done better in the match, the spokesman said. In addition, an out-of-state school called to inquire if SIU-Decatur would consider sending its one matched resident to their program instead. "It's very depressing," she said.

Against all odds

But some Illinois programs are in the throes of ecstasy following the match. "We are haaaaaaa-ppy," said Janice Benson, M.D., chairman of Cook County Hospital's family practice residency program, which matched all of its 13 slots. "We're going to have a good, committed group this year. And, no, we didn't expect to do so well. But I guess our plan worked."

The program's plan, Dr. Benson said, was to maintain constant communication with resident applicants to ease fears about the future of the hospital's residency program after the institution lost its Joint Commission on Accreditation of Healthcare Organization accreditation because of life-safety violations. "We had more active participation from our current residents this year and everyone was more energetic," she said. "I guess you could say we had an 'against all odds' attitude."

Other Cook County programs combatting the stigma of accreditation loss also did well in the 1991 residency match. Overall, Cook County filled 73 of its 89 slots, or 82 percent. In addition to family practice, the hospital filled all its available positions in radiology, emergency medicine and obstetrics and gynecology, as well as its transitional slots.

The year's success will, in particular, alter the Cook County family practice program's approach to the match in coming years, Dr. Benson

said. "Obviously, the primary thing that needs to be done is to keep the communication process going with the resident applicants and our current residents, making them a bigger part of the process."

Although pleased about filling all her program vacancies, Dr. Benson said the nationwide dearth of physicians choosing family practice is worrisome. "I hope we've reached the lowest point in family practice primary care specialty," she said.

The University of Illinois' Rockford family practice program is celebrating a 180-degree turnaround from last year's disappointing match. After not matching any slots last year, and deciding to forgo the program for a year, Rockford family practice filled seven of its nine slots on match day, said Joseph Levenstein, M.D., head of Rockford's family medicine department.

"Doing badly last year taught us you can take absolutely nothing for granted," Dr. Levenstein said. "You must continually improve your program. And in fairness to the programs that did badly this year, they aren't bad programs. You've also got to be lucky to do well."

Dr. Levenstein attributes some of Rockford's success this year to changes made to the program, such as improving residents' call schedules so they only work one night in four, and raising resident physician salaries up to the state average.

Other Illinois residency programs are also pleased with their match results. The University of Illinois College of Medicine "generally did very well," said Leslie Sandlow, M.D., associate dean for graduate and continuing medical education.

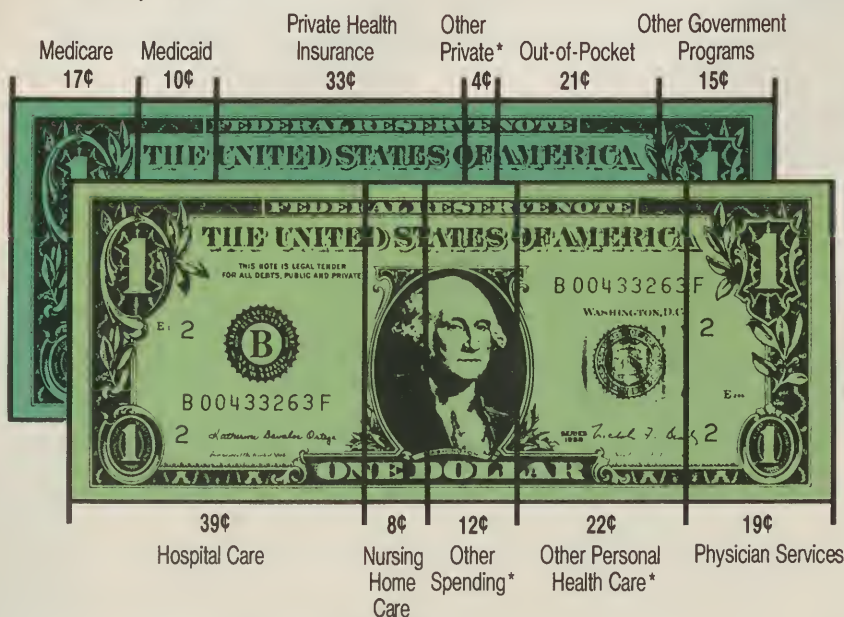
"There are a couple of major areas with some problems, but they seem to reflect difficulties these specialties are having nationwide," Dr. Sandlow said, citing pediatrics, medicine and pathology as examples of areas where he would like to see the University of Illinois do better.

The most encouraging aspect of this year's match to Dr. Sandlow is the near doubling of Illinois medical graduates who matched at College of Medicine affiliated institutions. In 1990, only 14 Illinois graduates did residencies at the UI programs, while 30 graduates matched this year. ▲

Physician Facts

U.S. health care dollar in 1989

Who paid the bill . . .



. . . where payment went

* Note: Other private includes industrial/inplant health services, nonpatient revenues and privately financed construction. Other personal health care includes dental, other professional services, home health care, drugs and other nondurable medical products, and vision products and other durable medical products. Other spending covers program administration and the net cost of private health insurance, government public health, research and construction.

Source of Data: Health Care Financing Administration, Office of the Actuary

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

No common cause found in Taylorville cancer cases

by Tamara Strom

STATE HEALTH OFFICIALS said last month they could find no common threads in a clustering of three neuroblastoma cases in downstate Taylorville.

The Illinois Department of Public Health based its conclusions on findings from a nine-month study it conducted of the three Taylorville children who have the disease and their families. The study was prompted by community fears that the cancer was caused by a toxic cleanup at a nearby coal gasification plant that is now closed, IDPH said.

"Our thoughts and prayers go out to the Taylorville families and children affected by this disease," said John Lumpkin, M.D., IDPH director. "This investigation has taken us to the limit of today's scientific knowledge of neuroblastoma."

The three neuroblastoma cases in question were reported during 1989 and 1990, but no new cases have been reported to IDPH from the Taylorville area since March 1990, said department spokesman Thomas Schafer. Last fall, IDPH completed a separate survey of all Illinois neuroblastoma cases in children under age 15 reported from 1985-1988 and could find no long-term pattern of neuroblastoma occurrence, Schafer said. No cases were reported during the study period, and only two cases of childhood cancer were noted overall, which is about the number health officials expect in an area the size of Christian County, he said.

"We expended a tremendous effort to track down any information we could about these cases," Schafer said, adding that several IDPH epidemiologists worked on the study full time. "Having three cases in that short of time is definitely a very unusual occurrence, and when you have three kids like this in a community, there's no question that people should be concerned. But there are clusters like this all over the United States and no one really knows why."

Schafer said, however, that there is no research to suggest an environmental link. In particular, IDPH's investigators found "no way to link" the coal gasification plant site to the Taylorville clustering, he said. Although toxins may have seeped into the ground water around the site, that "doesn't impact on the municipal water supply," he added. In addition, although the site was opened to clean up the chemicals, none of the women whose children have neuroblastoma were pregnant at the time, he noted.

The Christian County Health Department is satisfied that IDPH "conducted a good survey," said Cornelia Colonius, health department administrator. With the information about neuroblastoma currently available, the study results are "the best answer we can get at this time."

The cause of neuroblastoma is unknown. Although it is the most common solid tumor found in young children, it is a relatively rare disease, according to American Cancer Society statistics, accounting for only 500 cases of childhood cancers each year, 20 in Illinois.

Researchers believe that neuroblas-

toma is congenital, with the cancer probably forming close to or during the ninth month of pregnancy. Some suggested risk factors for the disease are use of phenytoin, phenobarbital, hormones, diuretics and hair dyes by the mother during pregnancy. Fetal alcohol syndrome and the father's exposure to electromagnetic fields also are considered neuroblastoma risk factors.

Other cancer rates also high

The incidence of other cancer types is also higher than expected in Taylorville and nearby Kincaid, Dr. Lumpkin said, citing as examples lung and oral cancers. But, he said, "These excesses reflect high rates in

cancers associated with cigarette smoking and occupational exposures. Neither the pattern of cancer observed, nor the site-specific cancer rates, suggests these cancers are related to environmental toxic exposures unique to Taylorville-Kincaid."

According to the study data, however, the pattern of cancer excesses for specific disease types were different for men and women, "reduc[ing] the likelihood that the causes were exposures in the physical environment." IDPH's Schafer added that in instances of environmentally caused cancer, high disease rates would be found among all age groups and in both men and women.

In addition, among the Christian

County residents with lung cancer (the only cancer type with a higher than anticipated rate for both men and women), 95 percent of the males were smokers, as were 91 percent of the females, he noted.

"As additional information becomes available," Dr. Lumpkin said, "the department will continue its search for answers." Specifically, IDPH will monitor any additional cases of neuroblastoma to determine if the three cases reported in 1989-90 were a random occurrence or the beginning of a new pattern. Epidemiologists will examine the results of ongoing national studies to try to determine a possible cause, Dr. Lumpkin added. ▲

Blue Cross[®] Blue Shield[®] **REPORT** *FOR Illinois Physicians*

Practice Management during the Medicare Shortfall: BCBSI offers faster payment, better service with Electronic Media Claims (EMC)

Medicare Shortfall Update

The \$101.3 million shortfall for Medicare contractors was reduced by the Office of Management and Budget's (OMB) release of \$75 million in contingency funds on January 28 of this year. However, the unfunded cost of recent increases in postage rates will consume a significant portion of these newly released funds. Nonetheless, Medicare contractors like Blue Cross and Blue Shield of Illinois (BCBSI) are pleased to see the additional funds released.

The Health Care Financing Administration (HCFA) has advised Medicare contractors that **Electronic Media Claims (EMC) be given priority handling** under the reduced funding and that any backlog should consist of only paper claims.

BCBSI has been advised to process EMC using the current guidelines of 17 days for participating providers and 24 days for nonparticipating providers.

Electronic Media Claims (EMC)

Also known as paperless claims submission, EMC has gained widespread acceptance as a faster, more economical, and accurate method of processing claims. Physicians billing claims electronically usually experience lower administrative expenses and receive better service.

With EMC, time normally required to open, sort, microfilm, control, and enter claims into the processing system is eliminated. All EMC receipts are checked by Medicare and Blue Shield systems to assure required information is present before processing begins. As a result, claims are not delayed for additional information once processing begins.

BCBSI offers physicians a number of opportunities to submit claims electronically:

- * Computer to Computer
- * Magnetic Tape or Cartridge
- * Terminal
- * Terminal Emulator

Service 2000

BCBSI's newest addition to its line of EMC capabilities developed especially for physicians is **Service 2000**. A PC-based claim entry and patient data base system developed in conjunction with IBM, Service 2000 allows quick and efficient electronic transmission of your claims to BCBSI and is expected to be launched soon.

If you are interested in switching to EMC or learning more about Service 2000, please contact a Medicare B EMC Marketing Representative at (312) 938-7697.

(4/12/91)

Editorials

Fund-raising without tears

It seems state legislators have discovered a new "donor-friendly" fund-raising technique. According to the *Springfield State Journal-Register*, state Sen. Margaret Smith (D-Chicago) started it all with her "Stay at Home" fund-raiser to which lobbyists and other potential donors were invited NOT to come. For a \$50 donation, the donor was welcome to stay home, presumably to catch another hour's sleep. Sen. Smith was reacting to the traditional rite of Spring in Springfield, legislative fund-raisers held during the legislative session.

The concept was probably invented by some weary woman on the high school PTA social committee who couldn't face another "Las Vegas Night" or silent auction. The way it works is simplicity itself: You mail your contribution and you stay home. You, the guests, save: no wear and tear on your tux or mink. The fund-raisers save: no need to write off a percentage of the take for renting chairs or for paying a caterer to think of one more way to make 50 chicken breasts serve 100 people.

For the world-weary among us who just can't get up the energy to attend one more glamorous benefit to Save the Whales or to work in another fabulous night on the town in honor of our disease of choice, this fund-raising technique offers a refreshing change of pace. Now that legislators have discovered it, lobbyists and lawmakers alike can save both shoe leather and their stomachs. Both can stay home to watch Saturday morning cartoons with their kids, the generation that may grow up to never know the thrill of bidding for Bozo tickets to raise money for new playground equipment.

Seminar in a box

You shouldn't have stayed home, of course. If you deliver babies, you should have been there.

We're talking about the Illinois State Medical Inter-Insurance Exchange's seminar on brain-injured infants, held last month in Chicago. According to the evaluations, the 350 physicians and defense attorneys who attended found this seminar extremely helpful.

While there are no current plans to repeat the seminar, you can get the "next best" by ordering the audiotapes of the seminar. (See page 11.) For \$10 per tape (\$45 for the set of five), you can hear the experts, the questions and answers, and learn the latest on this important topic.

You're never too old to learn, and this seminar – which featured nationally known experts on delivery, fetal distress and prenatal testing, to mention just a few – offers a rare opportunity to come up to speed in the privacy of your own home, office or car.

The Exchange is planning future seminars on preventing and dealing with "failure to diagnose" cases. The convenience of the tapes notwithstanding, we know you won't miss that one. ▲

Illinois Medicine

VOLUME 3, NUMBER 7

APRIL 12, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

James H. Andersen, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



"Your wife is on line two ... your accountant is on line four, and your home computer is on line six."

President's Column

Potpourri

Lumpers vs. Splitters

As the national debate on health care policy and health care costs continues, you can be sure of one thing: This spring the statistics will be as thick as grass. The numbers that proponents of various plans and policies develop to support their points of view represent the scale of numerical skullduggery: "Lies, damned lies and statistics."

A particular form of intellectual dishonesty that has always bothered me is the tendency of some people to aggregate data into a big number they think better supports their contention. You will frequently read, for example, that 37 million Americans are uninsured or underinsured. Now, 37 million is a pretty impressive number, whether you're talking about the Lottery payoff or people – but how many of those 37 million actually have no insurance?

If you break out or split off the people in that group of 37 million who have some health coverage, even basic and no-frills, what's left that represents the truly uninsured? Five million? Ten million? You can bet that whatever the number is, it's not as impressive as 37 million. By lumping these two different groups together, the number manipulators give a darker impression of reality.

But the biggest problem with these big numbers is that they make the problem they represent seem insurmountable, given the magnitude of the statistic. How on earth, the TV commentator says, can we rectify the plight of 37 million people? Best we should scrap the whole system and start over – preferably with a "free" nationalized health plan.

But break those numbers down into manageable increments and the problem doesn't seem quite so overwhelming. If 37 million people represent, say, 13 percent of the U.S. population, and those 37 million are people with problems receiving and paying for health care, then conversely 87 percent of the people in this country have no problem with health care coverage. And if, for the sake of argument, the completely uninsured represent a third of that group, that's 4.3 percent of the population that has no coverage. And that's a figure that



James H. Andersen, M.D.

certainly sounds more manageable.

When the problem is stated in manageable terms, we may find the solution itself is more manageable. Perhaps we can address the needs of that 4 percent of the population by finding an appropriate 4 percent solution: increasing the charity care we provide by a multiple of that amount, shifting funds from malpractice costs to coverage for the uninsured, providing a tax credit to physicians who donate 4 percent of their time to providing charity care and so on.

I don't want to argue that we have no problem in access or in health care coverage in Illinois. But since physicians are frequently on the front line answering criticisms of the present system, it behooves us to be aware of all the tricks of the statistical trade that may be used against us. Beware the lumpers!

Swan song

This is the last President's Column that will appear in *Illinois Medicine* under my signature. For the past year it has been my privilege to represent the physicians of Illinois in a variety of forums and before a multitude of people. I have had the personal honor of meeting with my peers and colleagues across the state and of bringing the concerns you and I share as practicing physicians to the lawmakers, the leadership of organized medicine and the grassroots of our profession. As the term of my presidency comes to its close, I want to take this opportunity to say thank you for what has proven to be a unique opportunity to serve and a year that I will never forget. ▲

James H. Andersen, M.D.
President

Members In the News

by Anna Brown

Lizbeth Larson Taylor, M.D., of Morton, was elected president of the Tazewell County Medical Society, marking the first time a woman has held this post. Dr. Taylor graduated from the Chicago Medical School and is currently chairman of the department of medicine at Pekin Memorial Hospital.

Merle J. Schrodtt, M.D., of Decatur, was named medical staff president at Decatur Memorial Hospital, Decatur. Dr. Schrodtt, an orthopedic surgeon who has practiced in Decatur for more than 20 years, is an instructor at the University of Illinois and Southern Illinois University. He received his medical degree from the University of Illinois at Chicago in 1963, and is a member of the American Academy of Orthopaedic Surgeons and the American College of Surgeons.

Conrad J. Urban, M.D., of Hazel Crest, was appointed cancer liaison physician for the cancer program at South Suburban Hospital. Dr. Urban joins a national network of 2,300 volunteer physicians who provide leadership and support to the American College of Surgeons' Hospital Cancer Program and the Commission on Cancer. The Commission on Cancer was established by the ACS in 1956 and comprises ACS fellows and liaison members representing 23 other cancer-related organizations.

At its annual meeting, the Rock Island County Medical Society elected **James A. Bull, M.D.**, of Port Byron, president. Dr. Bull has been a family physician in Rock Island County since 1979, and is a graduate of the University of Illinois College of Medicine.

Manus C. Kraff, M.D., of Chicago, was elected to the Board of Directors of the American Academy of Ophthalmology at its annual meeting in Atlanta. Dr. Kraff is president of the American Intra-Ocular Implant Society. He is a graduate of the University of Washington College of Medicine in Seattle.

Luis E. Cespedes, M.D., of Elmhurst, was named president, and **Jack A. Livermore, M.D.**, of Lombard, was named vice president of the medical staff at Elmhurst Memorial Hospital, Elmhurst. Dr. Cespedes, a graduate of San Simone University in Bolivia, is a clinical assistant professor at Loyola University's Stritch School of Medicine and medical director of Elmhurst Memorial Hospital's renal dialysis unit. Dr. Livermore is a graduate of the University of Illinois College of Medicine.

Stephen R. Goetter, M.D., of Decatur, was elected to the Board of Directors of Decatur Memorial Hospital. Dr. Goetter earned his medical degree in 1976 from SIU School of Medicine, and has been a member of the Internal Medicine Associates of Decatur and the medical staff at Decatur Memorial Hospital since 1979. He is past president of the Macon County chapter of the American Cancer Society, and councilor of the Illinois Society of Internal Medicine.

Chief of medical oncology at American International Hospital in Zion **Robert Levin, M.D.**, of Highland Park, was named president of

the American Society of Clinical Hyperthermic Oncology, during the organization's seventh annual meeting in Atlanta. Members of the society are committed to furthering the knowledge and acceptance of clinical hyperthermia, a medical procedure that raises body temperature to destroy cancer cells.

Young K. Kim, M.D., of Rochelle, was recently recognized by Inn Care of America Inc., of Clarksville, Tenn., as a "giving Good Samaritan network physician of the company's national medical assistance program for travelers across the United States." Dr. Kim was commended for

his role as a network physician on call to minister to travelers' illnesses occurring while visiting the Chicago area. A Seoul, South Korea, native, Dr. Kim became a physician in 1961, specializing in obstetrics and gynecology.

The positions of president, Steering Committee member and three new fellows were appointed at the September 1990 meeting of the American College of Radiology. **Lee Rogers, M.D.**, of Chicago, was elected president of the ACR. He is chairman of the department of diagnostic radiology at Northwestern Memorial Hospital and past chairman of the ACR Board of Chancellors. **Ruth Ramsey, M.D.**, of Chicago, was appointed to the Steering Committee of the ACR Council, and was elected

to the ACR Nominating Committee. Dr. Ramsey is director of the section of neuroradiology at the University of Chicago. She will serve as liaison to the Steering Committee for states in the Midwest. The three Illinois ACR fellows named at the meeting are **Fazlur R. Khan, M.D.**, of Oak Brook, **John C. McFadden, M.D.**, of Prospect Heights, and **Eric J. Russell, M.D.**, of Chicago.

Members of the Illinois Occupational Therapy Association recently honored **Paschal J. Panio, M.D.**, of Homewood, by presenting him with the association's award for appreciation. The award is given to health care providers who are strong advocates for occupational therapy. ▲

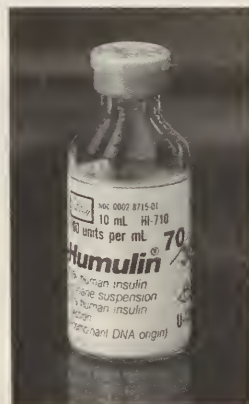


For your insulin-mixing
or NPH-using patients

Humulin^{70/30} makes life easier

Rapid onset and sustained
duration insulin activity
in a single vial

- May offer enhanced control through a more physiologic activity profile
- Accurate dosing—eliminates mixing errors
- Convenient premixed dose for better compliance
- Easy to use—for patients who find mixing difficult



Specify
Humulin^{70/30}
70% human insulin
isophane suspension
30% human insulin injection
(recombinant DNA origin)

**Humulin has
just the right mix**

Any change of insulin should be made cautiously and only under medical supervision.

Changes in refinement, purity, strength, brand (manufacturer), type (regular, NPH, Lente®, etc), species (beef, pork, beef-pork, human), and/or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage.

Leadership In Diabetes Care



Eli Lilly and Company
Indianapolis, Indiana
46285

©1991, ELI LILLY AND COMPANY HI 2921-B-149322

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Case #1

Presenting complaint and initial diagnosis – A 68-year-old woman came to her family physician complaining of abdominal pain radiating to her back. She suggested to her physician that the problem was a recurring ulcer. After several weeks of conservative treatment her condition did not improve and the physician referred her to a gastroenterologist.

The case in brief – By the time the woman saw the specialist she was experiencing intense, continuing abdominal pain, nausea, syncope and sweating. The gastroenterologist suspected a hemorrhaging peptic ulcer and scheduled immediate surgery. The surgery revealed the problem was a leaking abdominal aneurysm.

The resulting claim – The woman sued the family physician for failing to diagnose a life-threatening condition and for failure to treat in a timely fashion.

The outcome of the claim – The family physician settled for \$50,000.

Case #2

Presenting complaint and initial diagnosis – A 69-year-old man consulted his physician complaining of radiating abdominal pain. The physician ordered a CT scan, which revealed the presence of an abdominal aortic aneurysm.

The case in brief – The patient was referred to a vascular surgeon, who concluded that immediate surgery was unnecessary. Three hours later the aneurysm ruptured and the patient died.

The resulting claim – The patient's widow sued both the physician and surgeon, alleging failure to diagnose and treat the aneurysm in a timely fashion. She also claimed that the aneurysm was leaking and surgery was needed when the family physician first saw the patient.

The outcome of the claim – The defendants established, with appropriate documentation, that the clinical picture was atypical for an aneurysm, that it was not leaking when they saw the patient and that surgery was not indicated. The jury found for the defense.

The points these cases make – Abdominal aneurysms are frequently misdiagnosed. Failure to diagnose this condition and to treat it accordingly to the best medical judgment can have serious consequences. A ruptured abdominal aneurysm creates vascular collapse and shock and requires immediate surgery. Most patients with a rupturing aneurysm are brought to a hospital ER, however, and not to the physician's office.

To assure that this potentially life-threatening condition is diagnosed and properly treated, Illinois State Medical Inter-Insurance Exchange advisers suggest that physicians:

- Consider the possibility of an abdominal aneurysm when evaluating any abdominal condition. The diagnosis can easily be missed because symptoms can mimic those of many other intra-abdominal problems, particularly if the aneurysm starts to leak but bleeding is contained. Symptoms can include lower back pain, which may lead to referral to an orthopedic surgeon. The symptoms may also suggest kidney stones, peptic ulcers or colon problems. The specialist to whom the patient was referred may schedule surgery for one suspected problem and instead find an abdominal aneurysm.

- Use x-rays to determine the presence of an abdominal aneurysm. If results are inconclusive, ultrasound and a CT scan can often pinpoint the size and site of the lesion. Aortography sometimes is used to determine the relationship of the aneurysm to the visceral and renal branches of the aorta, but the procedure may not always confirm an aneurysm.

Assess the need to operate when an abdominal aneurysm is diagnosed. The size of the aneurysm generally will suggest appropriate treatment. Conventional medical wisdom suggests that surgery may not be required, but should not be ruled out, for an abdominal aneurysm less than 5 cm in diameter unless there are strong indications that it may soon rupture. Once the diameter is greater than 5 cm, the hazard of rupture is increased and a graft may be indicated.

- Monitor abdominal aneurysms less than 5 cm in diameter with periodic ultrasound or CT scans. Abdominal aneurysms are arteriosclerotic lesions that can progress at different rates. An aortogram sometimes is advisable if a patient has problems with circulation in the legs. Watch for signs of renal failure and lower extremity ischemia in patients with enlarging abdominal aneurysms.

- Consider immediate surgery when a patient's abdominal aneurysm becomes painful or the patient complains of increasing abdominal tenderness. These symptoms indicate that a leak may have developed or that the aneurysm is about to rupture. In some cases, a patient's other medical problems or physical condition – heart disease, cancer, recent surgery – may affect the decision to operate. The risk of rupture must then be weighed against the increased risk of surgery.

- Document the rationale in ruling out an aneurysm and the decision to

TRAUMA SURGEON

Lutheran General Hospital, a 723-bed tertiary care facility and Level I Trauma Center, located in Chicago's northwestern suburbs, offers an outstanding environment for professional growth and development, supported by our academic affiliation with the University of Chicago Pritzker School of Medicine.

We currently seek an academically-oriented surgeon with an interest in trauma who has recently completed a residency in General Surgery or a fellowship in Trauma. As a part of our full-time group of Trauma Surgeons, this position offers an excellent combination of clinical practice and educational opportunity and offers extensive clinical research possibilities.

In addition to our highly advanced clinical environment, Lutheran General also provides an exceptional compensation and benefits program. For more information, please send a curriculum vitae to: **Manoj Shah M.D., Level I Trauma Director, Department of Surgery.** Equal Opportunity Employer.



Lutheran General Hospital

1775 Dempster Street
Park Ridge, IL 60068

operate in your diagnosis and treatment plan.

- Obtain and document informed consent. The majority of patients with abdominal aneurysms are poor surgical candidates with multiple medical problems. Discuss the risks of surgery and the expected outcome realistically and without false assurances.

- Educate all patients with abdominal aneurysms to go to the emergency room whenever they experience back or abdominal pain. ▲

Carol Brierty Golin is publisher of Medical Liability Monitor.

Exchange Q & A

Physicians are encouraged to submit queries to: Exchange Q & A, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602.

Q: When a patient frequently misses or cancels his or her appointment, should I document this in the record?

A: Patient compliance is essential to an effective and meaningful physician-patient relationship. If a patient frequently cancels or misses scheduled appointments, it is important to document this non-compliance in the patient's record. In some cases,



it may be crucial to be able to prove whether or not the patient was seen by the physician in a timely fashion. For example, the severity of "failure to diagnose" or "delay in diagnosis"

allegations may be mitigated by proof of the patient's failure to keep scheduled appointments. Therefore, it is recommended that both canceled and missed appointments be documented in the patient's record.

To document a missed appointment, enter the appointment date, the words "missed appointment" or "no show" and the initials of the person entering the note in the patient's record. To document a canceled appointment, enter the date, the words "canceled appointment of (date)" and the initials of the person entering the note in the record. The new appointment date, if scheduled, should also be noted in the record. ▲

THE GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

May — August 1991

- ☐ Specialty Review in Family Medicine
May 4 - 10, 1991
- ☐ Adolescent Medicine
May 9 - 11, 1991
- ☐ Specialty Review in Anesthesiology
May 11 - 17, 1991
- ☐ Advances in Pediatric Allergy, Immunology, and Pulmonology
May 29 - 31, 1991
- ☐ Specialty Review in Pediatric Cardiology
May 29 - June 1, 1991
- ☐ Flexible Fiberoptic Sigmoidoscopy
June 1, 1991
- ☐ Fiberoptic Colonoscopy
June 5 - 7, 1991
- ☐ Fiberoptic Esophagogastroduodenoscopy
June 10 - 12, 1991
- ☐ Practical Strategies in Primary Care, 1991
June 24 - 28, 1991
- ☐ Specialty Review in Emergency Medicine
July 22 - 27, 1991
- ☐ Specialty Review in Pediatrics
July 28 - August 3, 1991
- ☐ Specialty Review in Internal Medicine
August 4 - 11, 1991
- ☐ Specialty Review in Neonatology/Perinatology
August 12 - 16, 1991
- ☐ Specialty Review in General Surgery, Part I
August 19 - 30, 1991
- ☐ Gynecologic Surgical Techniques
August 22 - 24, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

To receive further information, simply check the applicable course box(es), and mail to The Graduate School, 707 South Wood Street, Chicago, Illinois 60612.

Name _____
Address _____
City _____
State _____ Zip _____

Call toll-free today!
1-800-621-4651



They Say There's A Touch of Magic in the PBT Major Medical Plans...

But we simply listened to you, the member physicians of the Chicago Medical Society and the Illinois State Medical Society. Then we designed low-cost *individual* and *group practice* Major Medical plans with the great features you asked for:

- No Pre-Approvals
- No Second Opinions Required
- Comprehensive Coverage
- Guaranteed Renewable
- Your Choice of Doctors & Hospitals

The PBT Major Medical Plans aren't magic, but they are what you expect from your medical society. After all, we're just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the PBT Major Medical Plan sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.
- ☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Accidental Death & Dismemberment
☐ Term Life
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program
- Name: _____
 Practice Name: _____
 Street: _____
 City/State/Zip: _____
 Telephone: _____
- Mail to: Physicians' Benefits Trust
 222 South Riverside Plaza, Suite 2360
 Chicago, IL 60606

ISMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.



Physician Owned – Professionally Managed – Financially Secure

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

**Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195**

**Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601**

ICARE fate uncertain

by Tamara Strom

THE FATE OF THE state's Medicaid hospital payment system is uncertain as the Illinois Department of Public Aid has not yet begun a new round of contract negotiations with participating hospitals. Discussions are under way at IDPA to restructure the Medicaid reimbursement program "in some way," but officials declined to specify what those changes might be.

Historically, IDPA has begun negotiations with hospitals about eight months before their Illinois Competitive Access and Reimbursement Equity (ICARE) Program contracts expire. But now, five months before the contracts expire on Aug. 31, 1991, no notification about the start of negotiations has been sent to Illinois hospitals.

IDPA has requested an extension of its current federal waiver, which expires this month, until Aug. 31 to continue the ICARE program to give the department "enough time to review all our options and decide

whether we will retain ICARE, modify it or adopt a new system," said IDPA spokesman Dean Schott.

The waiver, obtained from the U.S. Health Care Financing Administration, is necessary because the ICARE system is "a departure from the usual Medicaid system approved by the federal government," Schott said.

To participate in ICARE or the state's other reimbursement program, a non-contracting Medicaid payment system, hospitals must sign a provider agreement with IDPA. About 161 of Illinois' 214 hospitals currently operate under negotiated ICARE provider agreements that stipulate the number of inpatient care days the hospital will provide annually for Medicaid patients and what the reimbursement rate will be.

But according to some participating hospitals, ICARE reimbursement does not cover the cost of care they provide to Medicaid recipients. Because of the perceived inequity, the possible disbanding of ICARE is welcome and "long overdue," said Steve Perlin, manager of finance for the

Illinois Hospital Association.

Of the Illinois hospitals that now operate under the state's non-contracting system, a majority "do better than [ICARE] contracting hospitals," Perlin said. If ICARE were abandoned, he added, "a large portion of hospitals would see their rates increase." But even though some hospitals might receive more money under the non-contracting reimbursement program, Perlin said that system also pays hospitals far less than it actually costs to deliver care to Medicaid patients.

In addition, reimbursement under the non-contracting system would not be sufficient "to help those hospitals that are struggling financially," he said. IHA estimates elimination of the ICARE system will cost the state an additional \$125 million a year in hospital payments.

Because neither of Illinois' Medicaid reimbursement programs allow hospitals to recapture the full cost of providing care, Perlin said, IHA advocates the adoption of a system modeled after the federal government's Medicare system based on diagnostic-related groups. "A DRG-based system is more equitable. It of-

fers better incentives for hospitals because they are getting paid per case, not per day," he said. IHA's proposed system would run about \$300 million more a year than the present reimbursement system.

Auditor general lauds ICARE

The uncertainty of the ICARE program comes as the Illinois auditor general last month lauded the system for the second straight year for saving money without jeopardizing access or quality of care.

Perlin called the auditor general's report "shallow" and criticized it for "only touching the surface." He said the report brings up several important issues about access to care, but "fails to address them."

In addition, he said the auditor general's analysis indicates that hospitals are paid 75 percent of costs under the non-contracting system. "It also says the contracting system has saved money that could not be saved by changing to a non-contracting system," he said. "That leads us to believe that hospitals in the ICARE system are paid well below that 75 percent figure." ▲

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

****Brown**
Wendell W. Brown, M.D., of Collinsville, died March 9, 1990 at the age of 86. Dr. Brown was a 1930 graduate of the St. Louis University School of Medicine, St. Louis, Mo.

***Davis**
Thornton A. Davis, M.D., of Skokie, died March 17, 1991 at the age of 73. Dr. Davis was a 1942 graduate of the University of Illinois College of Medicine, Chicago.

****Friedman**
Harold S. Friedman, M.D., of Waterloo, Iowa (formerly of Decatur), died March 12, 1991 at the age of 81. Dr. Friedman was a 1937 graduate of the University of Illinois College of Medicine, Chicago.

****Redmond**
Ralph N. Redmond, M.D., of Sterling, died March 8, 1990 at the age of 81. Dr. Redmond was a 1932 graduate of the University of Iowa College of Medicine, Iowa City.

****Sargent**
Benjamin L. Sargent, M.D., of Grayslake, died October 31, 1990 at the age of 93. Dr. Sargent was a 1925 graduate of Northwestern University Medical School, Chicago.

****Turek**
Louis H. Turek, M.D., of Chicago, died March 2, 1991 at the age of 83. Dr. Turek was a 1937 graduate of Chicago Medical School, Chicago.

****Ward**
Carl F. Ward, M.D., of Pauma Valley, Cal. (formerly of Pontiac), died February 26, 1991 at the age of 90. Dr. Ward was a 1926 graduate of the University of Nebraska College of Medicine, Omaha.

Earn 28 CME credit hours, Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the
AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY
June 27-June 30, 1991 • Hyatt Regency • Chicago, Illinois

CARDIOVASCULAR/HYPERTENSION ADVANCES IN MEDICINE	THURSDAY, JUNE 27	
	(8:00 am-12:00 noon)	Chairman: Michael E. DeBakey, MD
	(1:00 pm-5:00 pm)	Chairman: Emil J. Freireich, MD
CANCER GERONTOLOGY	FRIDAY, JUNE 28	
	(8:00 am-12:00 noon)	Chairman: Edward J. Beattie, MD
	(1:00 pm-5:00 pm)	Chairman: Leon Resnekov, MD
NUTRITION GASTROENTEROLOGY	SATURDAY, JUNE 29	
	(8:00 am-12:00 noon)	Chairman: James W. Anderson, MD
	(1:00 pm-5:00 pm)	Chairman: Joseph B. Kirsner, MD
BREAKFAST CONFERENCE SEXUAL MEDICINE	SUNDAY, JUNE 30	
	(8:00 am-12:00 noon)	Chairperson: Domeena C. Renshaw, MD

SPECIAL FUNCTIONS
Continental Breakfast-Banquet-Cocktail Reception

REGISTER EARLY and
BE ELIGIBLE TO WIN
AIRLINE TICKETS FOR TWO
Anywhere in Continental US
American Airlines

CERTIFICATION
AMA—Earn 28 credit hours
Category 1 for the
Physicians' Recognition Award
AAFP—Earn 25 prescribed hours

Located Nearby: Art Institute
and Museums. The Magnificent
Mile for shopping and enter-
tainment. Boating, swimming
and Golf along the lake front.

AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY
HYATT REGENCY HOTEL—CHICAGO, ILLINOIS
JUNE 27-30, 1991
REGISTRATION FORM

Dr. _____
Address _____
City, State, Zip _____

Membership Dues: \$80
Meeting Admission: Members Nonmembers Residents
\$350 Preregistered \$475 \$80 with letter from
\$400 At Door \$525 department chairman
Nurses/Technicians/Assistants\$150 Retirees (Fully Retired)\$80
☐ Check ☐ MasterCard ☐ American Express ☐ VISA

Card No. _____ Exp. Month _____ Year _____

Make check payable to: American Society of Contemporary Medicine and Surgery
233 E. Erie Street—Suite 710, Chicago, IL 60611.
\$25.00 Cancellation Fee No Refunds after June 1, 1991
REGISTER NOW by mail or call 1-800-621-4002 Illinois 312-951-1400

A BRIGHT IDEA TO START WITH...



180mg
Calan[®] SR
(verapamil HCl) 180 mg
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

Exchange risk management seminar garners rave reviews

"EXCELLENT SPEAKERS"... "Pertinent topics, well covered"... "Good reference materials"... "Information presented was very applicable to my work." Such were some of the comments from participants attending the seminar, "Malpractice Dilemma: Brain-Injured Babies – Who is to Blame?" held March 2 at Chicago's Fairmont Hotel.

Almost 350 participants attended the daylong seminar, sponsored by the Illinois State Medical Society and the Illinois State Medical Insurance Exchange Risk Management Committee. The audience, which included physicians and Exchange defense attorneys, heard nationally recognized experts on such topics as the differential diagnosis of hypoxic-ischemic brain injury, antenatal origins of cerebral palsy, the role of genetic testing in the catastrophic obstetrical case, prenatal risk assessment and monitoring, the role of intrapartum monitoring and malpractice defense issues.

Several relevant points and suggestions emerged during the seminar, including:

- Seizure activity related to birth asphyxia usually occurs six to 12 hours after the insult. Therefore, infants who experience seizure activity within the first six hours of life probably had some neurological deficit prior to labor and delivery.

- Current findings suggest that no more than 4 percent to 5 percent of cerebral palsy is related to birth as-

phyxia.

- Genetic testing should be considered in many instances of severe mental retardation.

- Current issues of prenatal testing call for extensive documentation of not only which tests were performed and their results, but also the refusal by the mother to undergo any test.

- Electronic fetal monitoring, although its efficacy as a substitute to appropriate use of intermittent auscultation is still subject to debate, is regarded as a "state-of-the-art" procedure by many plaintiff attorneys.

- Documentation should avoid the use of negative terminology such as "fetal distress," "birth asphyxia" and "post-maturity," unless clinically substantiated.

"The program's objective was to provide an overview of current research and trends in obstetrical care that identify the multiple conditions that can cause neurological impairments in infants," said M. LeRoy Sprang, M.D., chairman of the Exchange Risk Management Subcommittee on Obstetrics and Gynecology and seminar moderator. "By being more aware of these conditions, the obstetrician can implement strategies aimed at preventing injuries and improving the quality of maternal care."

Dr. Sprang noted, however, that some neurological impairments are not preventable, and that it is necessary to deal appropriately with these catastrophic events. ▲

AUDIOTAPES OF THE risk management seminar "Malpractice Dilemma: Brain-Injured Babies – Who is to Blame?" are available for purchase from First Tape Inc. (312) 642-7793. The cost is \$10 per tape or \$45 for the set of five tapes. For additional information, call the Exchange risk management department at (312) 782-2749 or 1-800-782-ISMS. ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

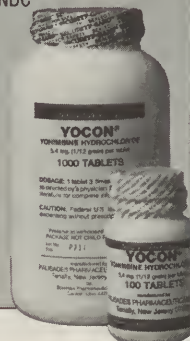
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083



Illinois State Medical Society and Its Component Societies

Presents

Two Exciting Fall Tours to Europe from Chicago

HEARTLAND OF EUROPE

September 20 - 28, 1991 • \$949 per person, double occupancy



Les Diablerets in Switzerland located near Lake Geneva and St. Anton in Austria close to Innsbruck are two picturesque Alpine resorts which invite you to explore an abundance of shops, restaurants, bars, nightly entertainment, and much, much more!

TOUR INCLUDES

- Round trip transatlantic air transportation to Zurich, Switzerland.
- Four nights' accommodations in Les Diablerets, Switzerland.
- Three nights' accommodations in St. Anton, Austria.
- Optional tours include Zermatt and the Matterhorn, Bavarian castles, Glacier Express - St. Moritz and much more.
- Continental breakfast daily
- Completely escorted, and much, much more ...

IRELAND

September 22 - 30, 1991

\$929 per person, double occupancy

We invite you to the Emerald Isle. Experience the legendary greens of Ireland, spectacular coastal and mountain terrain, castles and cottages, pubs and pints, and leprechauns.

TOUR INCLUDES

- Roundtrip transatlantic transportation to Shannon, Ireland.
- Seven nights' accommodations in First Class hotels.
- Breakfast daily.
- Deluxe motorcoach transportation throughout the tour with experienced and knowledgeable Irish driver/guide.
- Complete luggage handling and all related tipping at airports and hotels.
- All government, airline and hotel taxes.
- Many fascinating optional tours.



TRANSGLOBAL
"A World of Experience."

For additional information call:
TRANSGLOBAL
8200 Normandale Blvd. Ste. 504
Minneapolis, MN 55437
Toll Free: 1-800-328-6264

AVAILABLE TO MEMBERS, THEIR FAMILIES AND FRIENDS.

VA hospital

(continued from page 1)

found the problems ourselves through our own looking at our hospital. It's a problem and we're addressing it. Every time you have a system as large as this, there will be problems, and this is one of those cases. It's disconcerting to find them and medical care is something you don't want to have any problems with, but it happens."

The problems affect the North Chicago hospital only, not any of the three other Veterans Affairs facilities in the metropolitan area. The shortcomings came to light when Derwinski received anonymous letters over several months about the hospital. Although the contents of the anonymous letters, submitted under Derwinski's "Tell it to the Secretary" program, have not been made public, VA officials said the allegations prompted dispatch in June of an inspector general's investigative team to Chicago to examine quality of care issues at the hospital.

The inspector general's team concluded that irregularities existed in the deaths of some VA patients at North Chicago, said Al Pate, medical center director. During the year before the investigation, 150 patients died at the 1,004-bed medical center, he said. Of those 150, the investigators examined the records of 43 and found problems in 15, which were referred to Washington for further study.

"I don't know what those 15 had in common," said the hospital director, who started working at North Chicago in December, six months after the investigation began. "Deaths are



Under orders from U.S. Secretary of Veterans Affairs Edward Derwinski (left), the Chicago Medical School affiliation with the North Chicago VA Hospital is on probation. Dean Marshall Falk, M.D., said the school is "not at odds" with the VA's decision.

always reviewed here by a physician panel and we felt there were no untoward events or unusual occurrences."

He added, however, that problems of any kind "always worry you. You just never know, and it brings a level of doubt into your mind. I have confidence in the medical staff. They are highly competent and dedicated. To err is human, and if they did err, it's because they are human, not because they intended to do anything wrong. There was nothing wrong that was covered up."

Derwinski ordered the hospital to cease performing all vascular and orthopedic surgeries effective March 19. The patient load at the hospital is insufficient to continue performing such specialized surgery, Pate said. In addition, urologic and general surgery will be closely monitored by the VA's regional office.

Derwinski is also calling for the hospital to alter its focus to better fit the patient base. "We are redesignating the hospital's focus to a primary

care and chronic disease center," Brown said. "Ninety percent of that hospital is an excellent institution. You only ever hear about the bad things that happen."

Medical school will shift emphasis

The veterans who seek care at the hospital are aging and therefore have different needs than they did 20 years ago, said Marshall Falk, M.D., dean of the Chicago Medical School. The school staffs the hospital with faculty members and residents through an affiliation agreement. "As far as I'm concerned, there are no quality of care issues involved," Dr. Falk said. "There are a decreasing number of veterans at that VA hospital and [Washington officials] had concerns about the patient loads, particularly in surgery. We feel the hospital has never been a tertiary care center. We are not at odds with the VA over this."

Dr. Falk said the school will have to change the number of specialty physicians it places at the hospital and put more emphasis on primary care areas such as geriatrics, psychiatry and neurology. "There is a shortage of primary care people in the country and we ought to take advantage of that and we are," he said. "These physicians weren't born specialists; they went through training to specialize. That doesn't mean specialists can't perform primary care."

Dr. Falk said, however, that it will probably take about a year to make

the necessary staffing changes. "It takes time to make changes," he said. "They won't be made in the next 30 days." In the meantime, patient care will not suffer, he said, adding that the school is in total agreement with the administration about the changes. "If you're in an affiliation, you need to provide the care that's needed by the patients," he noted.

Director 'got the message'

Pate said Derwinski expects the "highest demonstrable quality of medical care" in all 172 VA hospitals. "If you don't live up to that standard, he has no qualms about replacing you," Pate said. Derwinski is "the man who alone is answerable to the president and is responsible for the Free World's largest health care system," he noted. "And he makes it crystal clear what he expects. Obviously in June we couldn't demonstrate to [the inspector general] that we met his expectations."

In particular, Pate said, the hospital's records were lacking. "It appears some surgeries were inappropriate," he said, but added that he believes the quality of care these patients received was "not standard." He couched his comment by saying "it is just a personal judgment" because he did not work at North Chicago at the time.

"But I believe in what we're doing now," the hospital director said. "You can believe I got the message. I'm very conscious that the sword hangs over my head." ▲



LOYOLA UNIVERSITY CHICAGO

Master's of Jurisprudence in Health Law

Bridging the Gap Between Law and Medicine

Loyola Law School's Institute for Health Law is now accepting applications for its sixth Master's of Jurisprudence in Health Law class. The Master's of Jurisprudence is a 30-credit degree offering designed to provide physicians and other health professionals with an understanding of core legal subject areas and health law topics and is the only one of its kind in the nation. Special health law course offerings are provided in regulatory, business, medical, liability, public health and policy areas. Applications are being accepted until May 1 for classes beginning this summer. For more information please write or call:

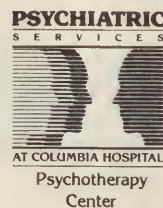
Institute for Health Law
Loyola University School of Law
1 East Pearson Street
Chicago, IL 60611
312/915-7174



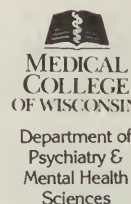
FIFTH ANNUAL

THE DOOR COUNTY SUMMER INSTITUTE

Egg Harbor, Wisconsin
Sessions run 9:00 a.m.-12:15 p.m. daily
CME and CEU credits available.



AT COLUMBIA HOSPITAL
Psychotherapy Center



Department of
Psychiatry &
Mental Health
Sciences

July 22-26, 1991

Session I	Jay D. Haley, M.A.	Directive Therapy
Session II	Peter E. Sifneos, M.D.	Short-Term Dynamic Psychotherapy

July 29-August 2, 1991

Session III	Donald Meichenbaum, Ph.D.	Cognitive Therapy
Session IV	MCW Department of Neurology	Neurology for Non-Neurologists

August 5-9, 1991

Session V	John H. Greist, M.D.	Anxiety Disorders and Their Treatment
Session VI	Robyn S. Shapiro, J.D./ Charles L. Junkerman, M.D.	Medical Ethics in Clinical Practice

For more information:

Carlyle H. Chan, M.D., Summer Institute Director, Psychiatry Dept. -
Medical College of Wisconsin, 8701 Watertown Plank Road,
Milwaukee, Wisconsin 53226 (414) 257-5995.

Auxiliary (continued from page 1)

of the Secretary of State's Senior Citizen Advisory Committee, Dobbins attended the 1990 Illinois White House Council on Aging and helped found Project Green Thumb for the American Red Cross. The program produces and distributes food to low-income families and elderly residents.

Rev. George Clements, pastor of Chicago's Holy Angels Roman Catholic Church and a prominent anti-drug activist, was the scheduled speaker for the awards luncheon.

Workshops stress acting together

Annual meeting workshops on a variety of subjects incorporated the theme of acting together. "Attendees learn a lot about how to take the

programs into their own counties," McLean said.

One of the scheduled workshops was a discussion of the recently concluded mini-internship program sponsored by ISMS and the Auxiliary, along with six county medical societies and auxiliaries. Dustman called the mini-internships "phenomenally successful," and said they were "music to the medical profession's ears." She said the Auxiliary leadership hopes to expand the program to other counties during the coming year.

"Meeting the Membership Challenge" offered Auxiliary members creative ideas for recruiting new members. American Medical Association Auxiliary President-elect Sherry Strebel, the scheduled keynote speaker at the Auxiliary House of

Delegates April 11 session, was to provide additional recruiting tips gleaned from her experience at the national level.

Learning about stress in medicine was the subject of two workshops presented by Debra Klamen, M.D. One session dealt with the tensions of physician families, and the other addressed the stress encountered by the families of residents. The latter workshop marked one of the Auxiliary's attempts at addressing the needs of medical residents' spouses.

The goals of the Auxiliary and ISMS should be unified in purpose, Dustman said. Some of Dustman's goals for the Auxiliary in 1991 include supporting the ISMS Partners for Health seniors program, continuing work with the AMA's Healthier Youth by the Year 2000 program and

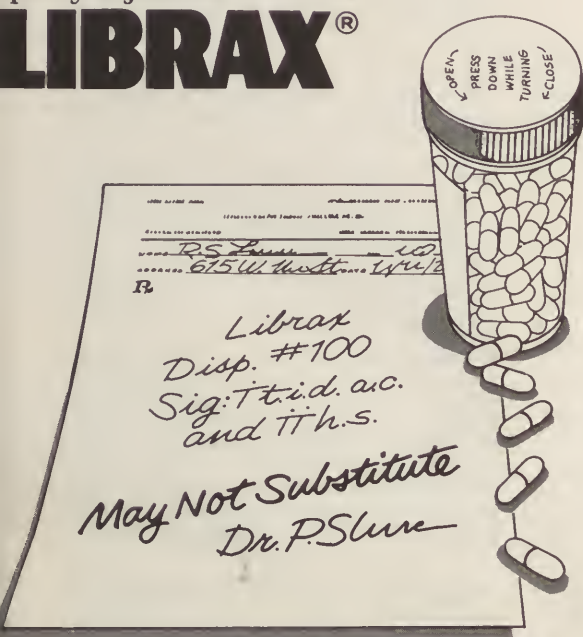
strengthening county participation in leadership and recruitment.

This year, the Auxiliary is competing in a membership challenge with Ohio's auxiliary, Dustman said. And with about 2,400 Auxiliary members, compared to 18,000 ISMS members, Dustman said she sees "tremendous growth potential." In particular, Dustman said, the Auxiliary would like to increase its membership with spouses who have professional careers, male spouses and spouses of international medical graduates.

Dustman's theme for this year is "Choose to Make a Difference." She said she hopes that Auxiliary members will make a commitment to auxiliary service and "see the potential impact they can have in their communities and on the practice of medicine." ▲

Specify Adjunctive

LIBRAX®



Each capsule contains 5 mg chlorthalidone HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows: "Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlorthalidone HCl and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur.

Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug. **Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When chlorthalidone HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlorthalidone HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlorthalidone HCl; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Revised: February 1988

Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1991 by Roche Products Inc. All rights reserved.

IN IBS,* WHEN IT'S BRAIN VERSUS BOWEL,

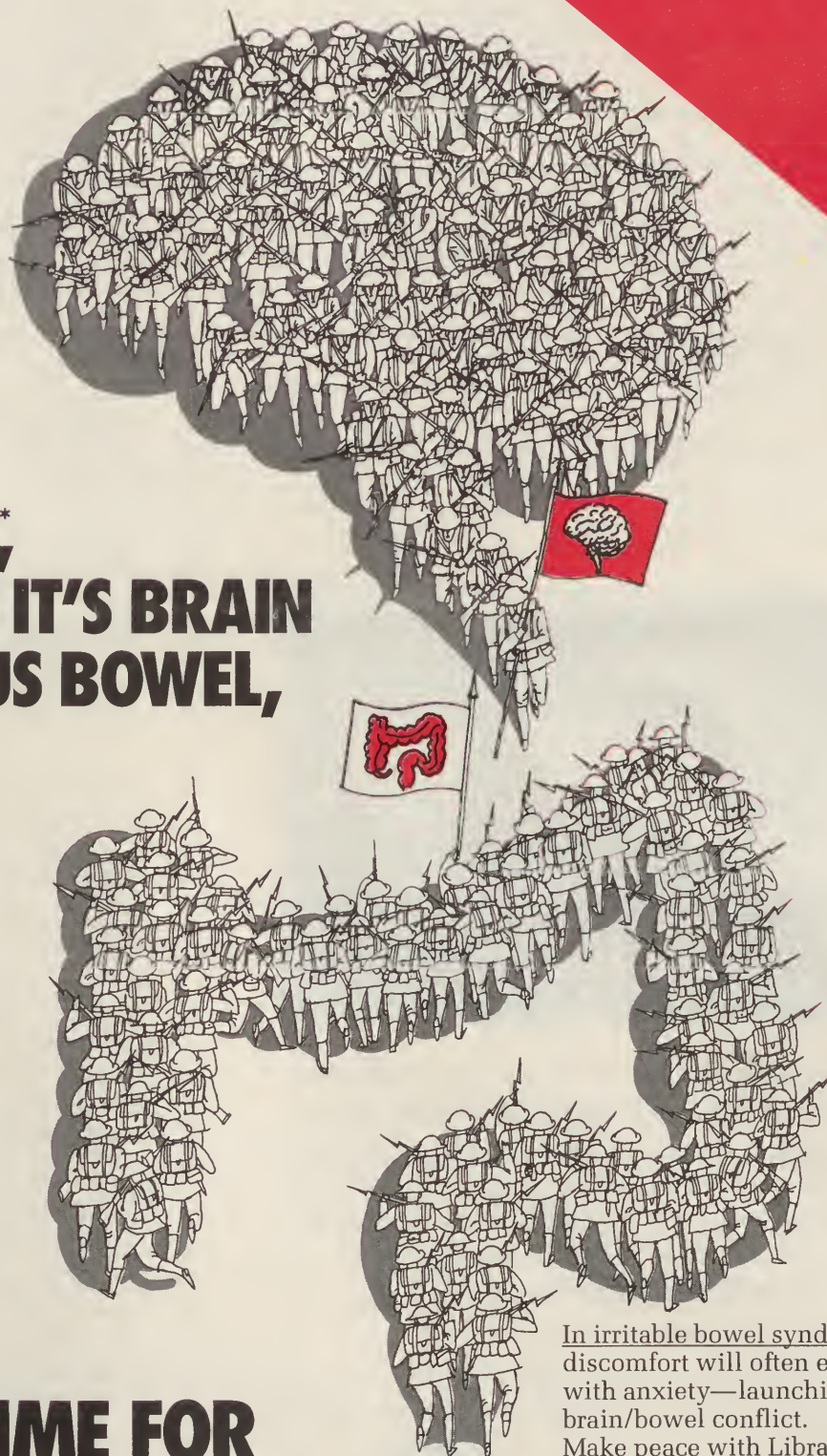
IT'S TIME FOR THE PEACEMAKER.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlorthalidone HCl and 2.5 mg clidinium bromide.



In irritable bowel syndrome intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict.

Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

To insist on the brand, be sure to check the "May Not Substitute" box on your prescription.

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Ophthalmologists, anesthesiologist: BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. BC/BE anesthesiologist: full-time M-F. Daytime hours. No call. JCAHO certified state licensed surgeon. Excellent financial opportunity. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Central Illinois: seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Southwest Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Chicago – seeking full-time and part-time emergency physicians for new contract in metro Chicago area. 200 bed hospital with annual volume of 8,000. Require emergency medicine or primary care training and experience. Excellent compensation, malpractice insurance provided, benefits available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Internal medicine – Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital – 8 bed ICU – excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River, central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

BE/BC allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Geriatric medicine fellowship – University of Illinois at Chicago section of geriatric medicine offers positions for July 1991 and 1992. Program directed by Alvar Svanborg, M.D., Ph.D., for BC/BE internists. Facilities include hospital inpatient unit, consultation service, comprehensive outpatient geriatric assessment clinic, teaching nursing home, and home-health service. Strong teaching and research components. AA/EOE. Contact: David O. Staats, M.D., Department of Medicine (787), University of Illinois at Chicago, 840 S. Wood St., Chicago, IL 60612; 312/996-4750.

Nephrologist/internist needed for small, near north-side practice. Will provide dialysis facility equipped for hemodialysis and peritoneal dialysis, as well as a doctor's office, exam room and waiting room. If interested in this very new, lucrative position and practice opportunity, please send CV for consideration to 7809 Lake St., Morton Grove, IL 60053.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Central Illinois. New facility, expanding staff, provide medical services to student clientele. No DRGs, no nights, 40-hour week, ample time off – opening for BC/BE family practitioner. Full-time 11 month position, competitive salary/benefit package. Application deadline June 1, 1991. Contact Glenn Weiss, Medical Director, Illinois State University, Normal, IL 61761; 309/438-8711. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Central Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Due to illness, a well-established general surgeon and practitioner is retiring. Practice is available immediately offering a very rewarding financial arrangement. Less than two hours from Chicago, Streator has a population of 15,000 with a progressive, licensed 240-bed hospital. For further information, contact Robert Gubbels, St. Mary's Hospital, 815/673-2311.

Non-invasive cardiologist – four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, P.C., Attn.: N. Polzin, 4701 Towne Center Rd., Suite 201, Saginaw, MI 48604.

Internal medicine, family practice, Ob/Gyn, emergency medicine, pediatrics. Outstanding practice opportunities available for board qualified/board certified physicians throughout Missouri and southern Illinois. Solo, single specialty and multispecialty positions are available. Each practice opportunity offers excellent coverage, paid malpractice insurance, guaranteed income and more. Please call collect 314/355-2300 ext. 5543, or submit your curriculum vitae to: Christian Health Services, 11133 Dunn Rd., St. Louis, MO 63136, Attn: Daniel W. Brewer, Executive Employment.

Highland Park – family practitioner/internist currently in practice wanted to help supervise weight loss and wellness program. Mostly evening hours. Possibility for daytime practice out of same office. Please contact David Burleigh, 708/635-6580, 2404 E. Dempster, Des Plaines, IL 60016.

Medical director. A challenging opportunity exists for an experienced, results-oriented physician to join our executive team on a part-time basis. This individual will direct our UR/QA program, physician credentialing and assist in the pre-certification and concurrent review process. Must be board certified with a minimum of five years of clinical experience required. Please send your resume to Box 2191, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Illinois, southwest of Chicago: part-time physician, seeking experienced emergency BC/BP physician for work in a Level II trauma center hospital (60 miles southwest of Chicago Loop). Excellent remuneration with malpractice coverage and flexible staffing. Contact Steven Taller, M.D., F.A.C.E.P., Morris Hospital, 150 W. High St. Morris, IL 60450; 815/942-2932.

Correctional Medical Systems is searching for primary care physicians to assume the responsibility of medical director at Joliet Correctional Center and Robinson Correctional Center, Robinson. These opportunities offer a good mix of clinical and administrative duties. Chosen candidates will be contracted by Correctional Medical Systems and will be offered a comprehensive remuneration package to include an hourly clinical rate, monthly directors stipend, health, dental and life insurance and the opportunity to participate in our low cost occurrence malpractice program. Please contact: John J. Bogdajewicz at 1-800-325-4809 ext. 3107 or send your CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Boundary Waters Canoe Area and beautiful Lake Superior. Family practice opportunities in northeast Minnesota, northwest Wisconsin and upper Michigan. Offering spectacular natural beauty, abundant recreational activities (including canoeing, fishing, alpine skiing and cross-country skiing) and competitive packages. Small rural practice and larger multispecialty group practice opportunities are available. Contact Susan Sowiejka, Northern Lakes Health Care Consortium, 1017 E. First St., Duluth, MN 55805; 218/726-5587.

Central Illinois – Illinois licensed primary care physicians for full-time staff positions. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

General internal medicine. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities in beautiful wooded areas with an abundance of lakes, rivers and streams. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Emergency medicine. Marshfield Clinic-Lakeland Center, located in the beautiful Lakeland area of northern Wisconsin is seeking an ER physician. This individual must be BE/BC in FP, IM or EM. This opportunity offers a challenging variety of patients, within a multispecialty group representing thirteen specialties available for back-up. This position offers a 48-hour work week. Compensation includes a competitive salary along with one of the finest fringe benefit packages in the country. Please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

When you need a lawyer, trust a physician

If you need an attorney, you want assurance that your lawyer understands the legal aspects of modern medical practice. Thomas J. Pliura, M.D., J.D. is a physician and an attorney concentrating his practice in the area of medical law. His background gives him a unique perspective on the needs of physicians involved in malpractice litigation or peer review organization disputes.

He can:

- directly defend you in a malpractice suit
- represent your interests in disputes with peer review organizations
- monitor the insurance carrier's attorney in malpractice suits to make sure your best interests are protected.

When you need a lawyer so you can practice medicine, contact Thomas J. Pliura, M.D., J.D. Physician and Attorney P.O. Box 130 LeRoy, IL 61752 (309) 724-8374

Family practice. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty groups of 35. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Allergy – long-established, growing adult/pediatric practice in Chicago suburbs needs new BE/BC associate. Guaranteed salary, immediate percentage of profits, leading to partnership. Benefits include insurance (malpractice, health, life, disability) and pension plans. Minimal office management. Please reply to Box 2192, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Emergency Consultants, Inc., is now reviewing applications for full-time and part-time opportunities. Competitive hourly rates in attractive multi-state locations. Malpractice insurance provided. benefit package available to full-time physicians. Directorships available. Call today for more information: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Lake Winnebago, Wisconsin area: seeking director, full-time and part-time emergency physicians for low volume 60-bed hospital. Attractive compensation, full malpractice insurance coverage and benefit package available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago: seeking director board certified in emergency medicine for progressive hospital emergency department. Excellent financial and benefit package. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Chicago: seeking director for busy 220-bed hospital. Board certification in emergency medicine or primary specialty preferred. Excellent salary, malpractice insurance provided and benefit package available to full-time physicians. Contact Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Illinois (Chicago, west and central areas): seeking emergency medicine physicians for full-time and locum tenens opportunities in attractive moderate volume facilities. Directorships also available. Competitive hourly rates, malpractice insurance and flexible scheduling. Benefit package available to full-time physicians. For more information contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Health Services director wanted for northern Illinois community health center with \$6 million budget. Academic affiliation, loan repayment, good salary and benefit package in pleasant, affordable city. Openings for Ob/Gyn, pediatrician, internist, family practitioner, optometrist, nurse practitioner and physician assistants. CV to John F. Frana, Executive Director, Crusader Clinic, 120 Tay St., Rockford, IL 61102; 815/968-0286. EOE.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Assistant surgeon/house physician for cardiovascular and thoracic surgical service. Heart Center at St. Vincent Charity Hospital and Health Center. Reply to: Cardio-Vascular Surgeons, Inc., 2322 E. 22nd St., Suite 208, Cleveland, OH 44115-3176. Excellent salary and benefits.

Wanted: family practitioner. Location: one hour SW of Chicago – Marseilles. Beautiful river community. Only six minutes from excellent hospital and staff. My wife and I (five children) have never regretted coming to this area in 1957. One year guaranteed salary: I will phase out at your convenience after introduction to patients. One year paid malpractice insurance. One year paid secretary. One year paid rent. Call 815/795-2122 or 815/795-4600 day/night. H. Kelly Sutton, M.D., or Mrs. Sutton. Talk to us and you will be convinced of the advantages of solo practice. Physician coverage.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Nephrology: completing fellowship June, 1991, board certified in internal medicine. Interested in full-time opportunity in nephrology in the Chicago or suburban area. Reply to Vinitha Raj, 82-30, 262nd St., Floral Park, NY 11004; 718/470-6982.

For Sale, Lease or Rent

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Family practice. Net \$150,000. Columbia, population 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

X-ray machine sale. Includes table, fluoroscope, chest x-ray wall cassette rack, developing tank, assorted film cassettes, wall pass thru cabinet, more. Illinois state approved. Call 708/448-2273.

For sale. General practice/internal medicine. Well-established, in central Illinois town of 8000, with acute care local hospital. Access to larger towns. Trained staff. Reasonably priced for early consideration. Send CV with date of availability in confidence to Box 2193, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Earn up to
28 ACCME
Credit Hours
Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY OPHTHALMOLOGY

June 27-June 30, 1991
Hyatt Regency
Chicago, Illinois

SEMINARS:
CATARACT/IOL,
OPHTHALMOLOGY
TECHNOLOGY,
CONTACT LENSES,
GLAUCOMA,
RETINA,
EXTERNAL
EYE DISORDERS

To register
call 1-800-621-4002
Illinois 312-951-1400

American Society of
Contemporary Ophthalmology
233 E. Erie Street
Suite 710, Chicago, IL 60611.

Fully furnished medical suites. Available for lease or sublease in newly decorated building, Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

Family practice/pediatrics, two-physician practice, established 17 years, grossing \$500,000-plus, in progressive community one hour's drive southwest of Chicago. Numerous recreational opportunities, good schools and modern hospital. Terms negotiable. Relocating. Send inquiries to Box 2190, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Successful internal medicine practice for sale in the Chicago Loop. This 7-year-old practice is grossing over \$200,000 annually. 670 square foot office has two exam rooms. Well-trained staff will remain. Call for more details. Professional Practice Sales, 540 Frontage Rd., Northfield, IL 60093; 708/441-6111.

For sale: Abbott Vision System, Nova Celltrak II, excellent condition. Call 309/762-0529, ask for Patt.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

☐ Largest pool of available
physicians in the nation

☐ Network of 7 regional offices
nationwide

☐ Expertise that produces
unparalleled results in recruiting
quality physicians

☐ Proven system that produced
over 1,000 placements in the last 3
years.

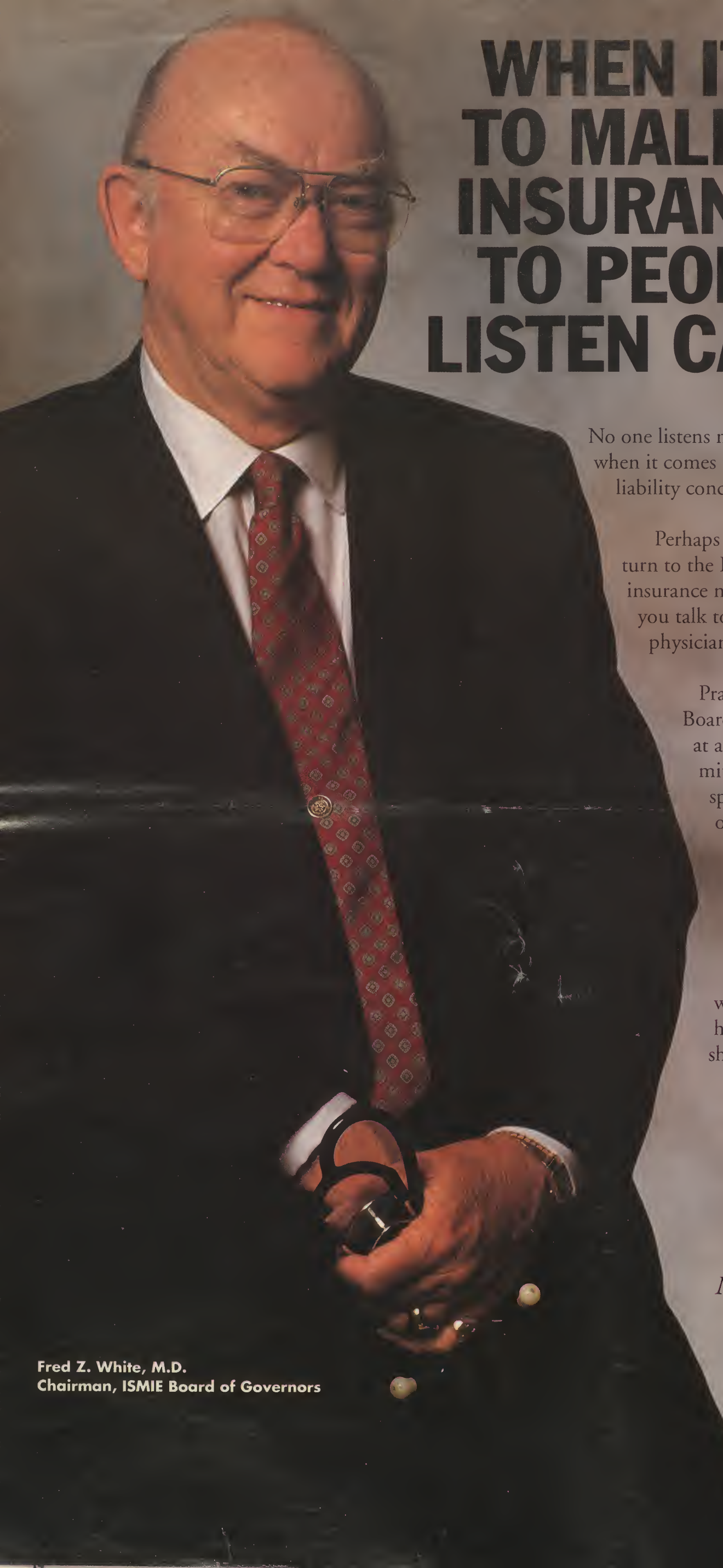


JACKSON
& COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

A black and white portrait of Fred Z. White, M.D., an older man with glasses, wearing a dark suit, white shirt, and a red patterned tie. He is smiling slightly and holding a pair of glasses in his hands.

WHEN IT COMES TO MALPRACTICE INSURANCE, TALK TO PEOPLE WHO LISTEN CAREFULLY.

No one listens more carefully than your peers, especially when it comes to addressing your professional liability concerns.

Perhaps that is why more physicians in Illinois turn to the Exchange to meet their malpractice insurance needs. When you talk to the Exchange, you talk to the state's largest and most experienced physician-owned insurer.

Practicing physicians not only serve on the Board of Governors, but they fully participate at all levels of service. Special physician committees convene to direct our efforts in specific areas. And we have established an outreach program of Network Representatives, physicians who act as liaisons between the Exchange and policyholders in hospitals throughout the state.

We listen. We act. We find the way to consistently support our policyholders. Because Illinois physicians should hear only good things about us.

ISMIE

*Part of the solution.
Not part of the problem.*

Fred Z. White, M.D.
Chairman, ISMIE Board of Governors

Illinois State Medical
Inter-Insurance Exchange
Twenty North Michigan Avenue
Suite 700
Chicago, Illinois 60602
Telephone: 312.782.2749
Toll Free: 800.782.ISMS

Illinois Medicine

April 26, 1991

ILLINOIS STATE MEDICAL SOCIETY

New services unveiled

Exchange announces \$10 million dividend

A RECORD-BREAKING \$10 million dividend will be distributed to Illinois State Medical Inter-Insurance Exchange policyholders in the form of premium credits July 1. This good news was announced to the ISMS House of Delegates on April 12 by Fred Z. White, M.D., of Chillicothe, vice chairman of the Exchange Board of Governors.

"Better than average" loss experience over the past 12 months was cited by Exchange officials as the reason for the dividend, which exceeds last year's dividend by more than 50 percent.

"The credit goes to the 9,500 policyholders who defied the predictions of the actuaries and turned in an incredible performance," Dr. White told delegates and alternates at the society's annual meeting in Rosemont. "This is all about good Illinois physicians practicing good medicine, despite efforts by those who oppose our fight for caps on non-economic damages."

The dividend will be paid to policyholders who were insured by the Exchange in the 1986-87 and 1987-88 policy years and who were still insured with the Exchange on March 31, 1991. The first group will receive an average dividend of 4.7 percent of the basic premium paid; the second will receive an average dividend of 3.6 percent. The dividend will be included in the form of premium credits with the July 1 premium notices.

In addition to the dividend, the Exchange announced the introduction of new policyholder

(continued on page 11)

ISMS House declares physician participation in executions unethical

by Kevin O'Brien

PHYSICIAN PARTICIPATION in state executions, even as a witness, is unethical, according to new policy of the Illinois State Medical Society. The society's House of Delegates

adopted the resolution during its 1991 annual meeting April 12-14 in Rosemont.

The resolution was one of 56 the delegates debated during their three-day meeting at the Westin O'Hare Hotel. Other substantive issues included opposition to the National Practitioner Data Bank; continued unification with the American Medical Association; support for the use of nurse practitioners and physician's assistants in underserved areas; support for a pilot program for the establishment of post-surgical and obstetrical centers (PSOCs); and concern about ISMS trustee terms of office.



New ISMS President Robert M. Reardon, M.D. (right), presents James H. Andersen, M.D., with a commemorative scrapbook detailing his presidential term.

Amend execution law
The resolution on participation in executions calls on ISMS to support an amendment to state law exempting physicians

from any participation in capital punishment. Proscribed participation should include "serving in a witness capacity, medication prescribing capacity or monitoring capacity when pronouncing death after termination of the procedure by the executioners," the resolution states.

The resolution also says that ISMS policy should reflect the principle that such participation is "a violation of ethical standards of the profession." The resolution allows a physician to provide "support, solace and succor upon a patient's request, to a patient facing a life-terminating situation, on an individual basis, when the physician determines that to do so will benefit the patient, either physically or emotionally." New ISMS President Robert M. Reardon, M.D., of Bloomington, said later that support for this resolution should not be construed as implying House opposition to capital punishment.

The delegates also adopted a resolution declaring the society's opposition to doctors' participation in active euthanasia or physician-aided suicide, saying such practices are unethical.

(continued on page 14)

Opponents hit cost of universal health system

by Tamara Strom

ILLINOIS STATE MEDICAL Society officials called "irresponsible" a proposal to switch to a state-run, single-payer health care system. The comments came during an April 3 hearing before the Illinois House health and insurance committees. And while the legislators were sympathetic to those testifying in favor of enacting health care reforms, they expressed dismay at the hefty price tag this proposal carries.

"We cannot imagine a more irresponsible approach to the state's current budget crisis than this proposal to create a totally new, untest-

ed health care system. It has the potential to cause more problems than it will solve," said Arvind K. Goyal, M.D., Chicago Medical Society president and ISMS president-elect.

Patterned after Canada's universal health plan that provides free care to all citizens, the Illinois plan as outlined in H.B. 300 would abolish the state's current method of financing health care and wipe out the health insurance industry. To fill the void, the state would seek waivers from the federal government to redirect funds from Medicare, Medicaid and other government health programs

(continued on page 13)



Arvind K. Goyal, M.D. testifies.

In this issue

News briefs.....2
VA admits 'misadventures' ..2
Senate committee discusses
state budget cuts.....3
Letters to the editor.....5

Grief management advice....6
New procedures facilitate
temporary licenses7
Loyola dean seeks to
encourage, inspire8
Members in the news.....9

UNIQUE 3 DIGIT 200
0416 IM
NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA
MD 20014

News Briefs

ISMS expresses concerns about caller ID plan

In a letter to the Illinois Commerce Commission, Illinois State Medical Society officials expressed their concerns about Illinois Bell's proposed caller ID without blocking plan. Meant to protect people from harassing phone calls, the controversial caller ID plan would allow anyone to obtain the phone number of the person calling them.

But while the goals are noble, ISMS' letter said, the impact on physicians could be "insidious and dangerous."

"Many physicians return patient telephone calls from their private lines or homes after hours," the letter states. "No longer will physicians be able to decide which patients' health care needs require being able to reach the physician at home and which patients might abuse such a privilege. Private lines, which typically are installed for emergencies and consultations, would become clogged, defeating their purpose."

Physician practices, unlike businesses, are still available to their patients after regular business hours through paging systems or answering services. "In this fashion, physicians currently are able to provide 24-hour access to their patients without invading the privacy of their homes," the letter continued.

ISMS also questioned the wisdom of options the telephone company has offered to callers to avoid having their numbers displayed. Among Illinois Bell's suggestions are using a calling card to place calls, calling through an operator or setting up a conference call between the patient, physician and an answering service.

"All of these solutions would result in an additional charge to the physician and place the onus on physicians (i.e. consumers) to conceal their telephone number when making outside calls," ISMS said. "Furthermore, the very individuals this proposal is trying to impede from

making harassing calls could also utilize these methods or simply use a pay phone to conceal their identity."

Hospitals face JCAHO smoking ban in 1992

Although most Illinois hospitals already have smoking policies in place, all Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited hospitals must enforce hospital-wide smoking bans by January 1992. The ban applies to patients, visitors, employees, volunteers and medical staff members. Current JCAHO standards require hospitals to discourage smoking. The rule change would make a smoking ban mandatory for standards compliance.

According to the revised standard adopted by the JCAHO Board of Commissioners, all hospitals must disseminate and enforce a no-smoking policy that "prohibits the use of smoking materials throughout the hospital's building(s)." Under the new statute, smoking could still be permitted in outdoor areas on hospital grounds.

The only exceptions to the ban would be those that are medically authorized, such as allowing terminally ill patients or patients undergoing therapy for other addictions to smoke. "Any exceptions to the prohibition are authorized for a patient by a physician's prescription, based on medical criteria that are defined by the medical staff," the statute says.

Most communities support smoke-free hospitals, according to the American Hospital Association. In addition, a majority of hospital employees are non-smokers. And even those employees who do smoke recognize their role as health care providers in setting a good example for patients and visitors by not smoking, the hospital association said. ▲

— Compiled by Tamara Strom

VA admits 'misadventures' in six cases; settlement offers under way

by Tamara Strom

THE U.S. DEPARTMENT of Veterans Affairs this month acknowledged poor care may have contributed to the deaths of six patients at the North Chicago VA Medical Center. Now the VA must concentrate on upgrading the quality of care at the hospital and attempting to compensate the patients' families for their loss, administration officials said.

"Our goal is to serve the veterans," U.S. Secretary of Veterans Affairs Edward Derwinski told *Illinois Medicine*. "Our primary responsibility is to provide them with the highest quality care. We're now in the process of re-evaluating all the programs at the hospital. Adjustments will be made. There will be additions and subtractions from the range of medical care offered. In all of this fine tuning there will be an emphasis on quality of care."

Currently, medical and legal VA representatives are meeting with the families to apprise them that some "misadventures" may have occurred in the treatment of their family member during the patient's stay at North Chicago VA, said Robert Coy, VA deputy general counsel. "We're advising them of the process of filing a malpractice claim," Coy said. "We advise the next of kin that based on our knowledge we believe that there was a lack of proper care provided. Openness and honesty in these areas are our responsibility."

Meanwhile, Derwinski said the North Chicago VA situation is an isolated incident in Illinois. "I've had no information or special contact that would indicate any similar irregularities are occurring at the five other VA hospitals in Illinois," he said. "There are no peculiar or special problems at any of them."

Joan Cummings, M.D., director of the Edward Hines Jr. VA Hospital, said the "limited episodes" at the North Chicago facility have not prompted any changes in the surgical programs at Hines. But she said North Chicago patients requiring the types of surgery suspended by Derwinski, in part because of the six cases where proper care was not provided, will be treated at Hines.

"We are providing support so those patients who previously received treatment at North Chicago VA will not experience a disruption in the continuity of their care," Dr. Cummings said. "We at Hines remain committed to appropriate quality assurance."

Two courses of action

The families have two courses of action they can follow in seeking redress, Coy said, although, "Obviously when you lose a loved one you can't

be compensated completely." The family can file a claim for Veterans Compensation Benefits, file a malpractice suit under the Federal Tort Claims Act or do both, he noted.

"We have six months to reach a fair, compensatory settlement," he said. "Federal law allows us that time to evaluate the claim and ascertain the amount of fair damages." Reading from the U.S. Code on Veterans Compensation Benefits, Coy said if a veteran suffers an injury or aggravation of an injury due to medical or surgical treatment received while at a VA hospital, disability or death benefits should be awarded on the same basis as if the injury was "service connected."

Although the VA always tries to settle claims fairly, the VA attorney said, "If we are unsuccessful in reaching a settlement, then the family can file a malpractice claim in federal District Court, where the case could proceed to trial under a federal judge."

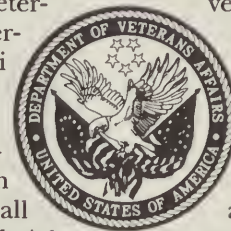
If a suit goes to trial and the claimant receives a judgment, any Veterans Compensation Benefits the family had been awarded would be offset against the judgment reached in the malpractice case, he said.

Any malpractice suit filed would be against the U.S. government, Coy said. If the claimant names a VA physician in the lawsuit, the doctor would be dismissed as a defendant, he said. Under an immunity provision in the U.S. Code, only the government, not an individual physician, is liable for malpractice or negligence suits filed by VA patients.

But while VA physicians are immune from personal liability in malpractice cases they are not immune from "administrative action," Coy said. "The federal tort law just protects them from having to pay money damages," he said. "It does not mean the VA could not take disciplinary action to maintain quality assurance. If the standard of care is not sufficient, then corrective action may be appropriate."

Coy said he has worked for the VA for nearly 30 years and has handled malpractice claims for most of that. "We have a lot of real good doctors," he said. "But accidents do happen and we need to be big enough and honest enough to admit that."

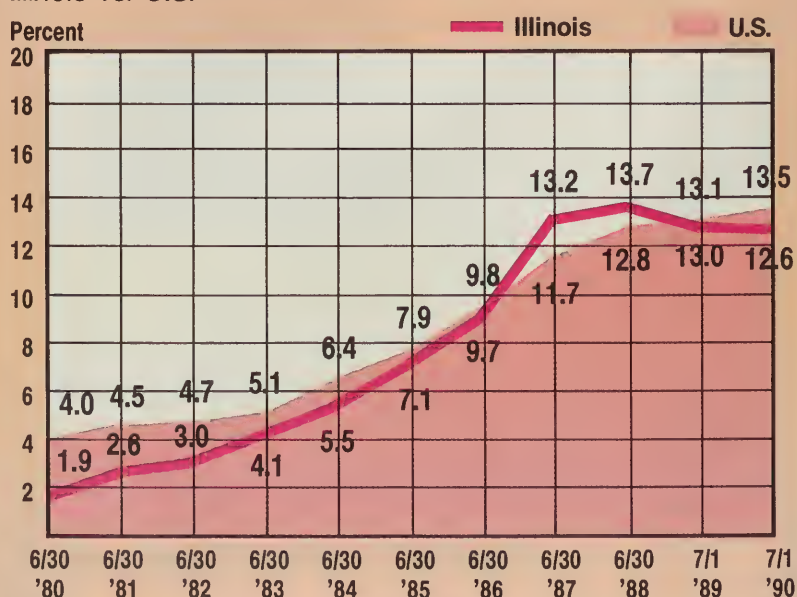
Even though "one claim is too many," Coy said the VA's malpractice rate is substantially lower than the private sector. He said the VA has worked during the last eight to 10 years on improving quality assurance. That diligence has paid off, he added, as the number of malpractice claims filed against the VA has dropped in the last four years, from 983 in 1987 to 676 last year. ▲



Physician Facts

HMO enrollment by percent of population: 1980-1990

Illinois vs. U.S.



Source of data: InterStudy, 1991. The InterStudy Edge, Managed Care: A Decade in Review 1980-1990.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Concern mounts over state health budget cuts

by Tamara Strom

GOV. JIM EDGAR'S proposed 5 percent cut in the Medicaid reimbursement rate is a disincentive to physicians who care for public aid patients, a Catholic Charities official said April 15.

Karen Kordisch, executive director of the Catholic Charities Physician Referral Service, told Senate Appropriations I and II committee members about the difficulty in recruiting physicians to accept public aid patients. The budget cuts, she said, will only make the situation worse. Kordisch's sentiments were echoed by nearly 50 people who testified during a five-hour Senate hearing in Chicago.

Illinois State Medical Society President Robert M. Reardon, M.D., told *Illinois Medicine* that although most physicians are unhappy about the 5 percent Medicaid rate cut, "Our dedication to our patients remains unchanged; we will encourage our members to continue providing quality care to all our patients, regardless of their financial situation or who is paying the bills."

The governor has made significant budget cuts in many state programs in order to avoid raising taxes. The hearings are occurring in the context of an ongoing budget battle in the General Assembly.

Sen. Howard Carroll (D-Chicago), Appropriations I chairman, said he and other legislators have heard numerous accounts of how the governor's budget proposal would hamper health care in Illinois. "For many years, Illinois has been on the brink of a health care crisis," Carroll said. "We in the General Assembly have worked long and hard to avert such a crisis. To be honest, our successes have been mixed. But our goal has always been to keep health care affordable and available."

Kordisch countered that health care availability for Medicaid recipients could become non-existent in some areas if the budget cuts are approved. She said since the Catholic Charities program began operating in October 1990, 216 physicians have signed up to accept patients on a limited basis and more than 520 patients have been referred for care.

But the proposed 5 percent cut and the longer payment turnaround times make it "very difficult for us to ask doctors to participate when the state makes the Medicaid program less and less attractive," she added.

Several hospital administrators testified that proposed cuts in the disproportionate share formula (for hospitals treating large numbers of public aid patients), along with the 5 percent rate reduction, would force them to reduce services to the poor. Illinois Masonic Medical Center on Chicago's North Side already has set quotas on the number of same-day surgeries it performs for Medicaid patients, reduced the number of Medicaid patients in its obstetrical programs and started transferring to state-funded hospitals as many high-cost surgical patients as possible.

Denise Williams, president of Roseland Community Hospital on Chicago's West Side, said to compensate for low Medicaid reimbursements, the hospital has cut its costs, increased its efficiency and redefined

its mission "so we no longer try to be all things to all people."

Carroll asked the hospital administrators if they would prefer to see higher reimbursements or a shorter payment cycle. Answers were mixed: some hospitals would use the increased reimbursement rate and spread it over the slow payment cycle, while others simply need the



Sen. Howard Carroll

cash as soon as possible.

"When you ask us to choose between low rates and slow payments, you're asking us to choose a slow and painful death or a quick, excruciating death," Williams told him.

Nursing home representatives and pharmacists also testified that the proposed cuts could force them to close their doors. One pharmacist from Chicago's West Side said he closed his pharmacy so he could testify. The last reimbursement check he received from the state for prescriptions covered by Medicaid was for the week of Dec. 20, 1990.

"I know life isn't fair, but this is ridiculous," said Gerald Handler, holding an empty box that had con-

tained prescription drugs he bought April 12 for \$2,300. "I won't see that money until August."

Noting the irony of the hearing being held on Tax Day, many reminded the senators that if they do not pay their income taxes on time, they are charged an interest penalty. They contrasted that policy with the state, which only pays interest on late reimbursements if there is money in the state treasury. Also, the physician, pharmacist, hospital or other provider must apply for the 2 percent interest payment on a claim-by-claim basis.

Carroll said he has introduced legislation amending the Prompt Payment Act to automatically pay interest to providers whose bills are hung up by the slow payment cycle. ▲

Blue Cross® Blue Shield® REPORT FOR *Illinois Physicians*

HCFA PROPOSES 'GLOBAL SURGERY' POLICY

The Health Care Financing Administration (HCFA) has proposed a "global surgery" policy for all Medicare carriers to follow, beginning possibly July 1. Announced as a proposed notice in the January 8 *Federal Register*, the HCFA statement describes a uniform national policy regarding the scope of services covered by Medicare payments for surgical procedures. Under usual procedure, actual rule-making occurs when a final notice is published.

Under the global surgery concept, surgeons bill a single fee for all their services usually associated with a surgical procedure. The global fee normally includes all intra-operative services necessary for the surgery itself, follow-up care such as hospital and office visits, and other related services such as removal of sutures and casts. Pre-operative visits are included in many cases.

Although all Medicare carriers use the concept of global payment for major surgical procedures, HCFA said significant variations exist in the definitions of pre-operative and post-operative periods of care and the specific services included. As a result, HCFA is proposing the national standard to achieve uniformity before the 1992 start of the Medicare fee schedule for physicians.

The new policy would allow a separate fee for the surgeon's initial evaluation or consultation to determine the need for surgery. However, the following services would be regarded as components of the global surgery fee:

All normal pre-operative visits made by the surgeon;

Intra-operative services, which are normally a usual and necessary part of a surgical procedure;

Return visits resulting from complications, except in cases of highly unusual circumstances not ordinarily anticipated;

Post-operative visits up to 90 days after surgery, or a longer period for certain procedures requiring longer recovery time; and

For up to 30 days, all services related to a minor surgery (a "starred" procedure in the AMA's CPT-4 manual) or an endoscopic procedure, as well as visits on the day of the procedure if other documented services are not furnished.

This article is intended to notify surgeons who were not aware of the proposal announced in the *Federal Register*.

(4/26/91)

Editorials

Options (?) in health care

Just about the time this newspaper is delivered, a House committee in Springfield will vote on a proposal to develop a "universal access" health care system for Illinois. The proposed legislation has been put forward by a well-meaning and liberal group to address the problems of access in Illinois.

The key words here are "well meaning." The proposal as it stands will do little to improve access to health care in physician-starved rural Illinois and it would drastically disrupt the delicate equation of cost, access and quality that health care in the state currently rests on.

The proposal, loosely modeled on the Canadian system, would "open up" the health care system to everyone regardless of insurance coverage, health status or ability to pay. It would include every kind of "medically necessary" health care imaginable, with the exception of cosmetic surgery.

While the legislation talks about freedom of choice for patients, that option is not guaranteed. It is possible that a capitation system would be needed to balance the cost part of the equation under this system. Whether or not patients will accept this is debatable.

But the proposal is noticeably silent on freedom of choice for physicians. That's because there would be no choice for physicians. Participation in the program would not be negotiable. Either you practice under the state system or you practice in another state.

Physician compensation is also non-negotiable. You accept the program's rates, as set by a "public health director," or you move your practice to Missouri, Wisconsin or Indiana, or you change careers.

Since we have the benefit of the Canadian experience, it might be useful to review what's happened there. There seems to be some disagreement about whether or not Canadian physicians can – or do – charge patients above and beyond the government-set rates. And it's clear from reading Canadian medical journals that the provincial (state) medical societies have to devote enormous amounts of time and energy to bargaining with the state government over rates. In this country the press has reported how Canadian patients often choose to slip over the border to New York, Minnesota and Detroit for treatment that is not available – or not available on a timely basis – in their own country. And the Canadian press has reported with depressing regularity cutbacks in care and services in Canadian hospitals, which operate under budgets based on the amount of funds available, not the amount of care patients need.

To institute such a program in Illinois would be a first. The question is not whether Illinois health care wants to pioneer an untested system that purports to make health care affordable to everyone. The question is can we afford to give up a system that works, for the most part, in order to provide proponents of this system their test of an ill-thought-out and hastily conceived experiment?

Your legislator should hear what you think about this, even if the proposal doesn't move out of committee this week. A similar bill has been introduced in the state Senate and additional debate will most certainly be heard. Given the national mood on the topic of health care costs, this proposal is not going to go away. ▲



"I have to put you on hold Ms. Maxwell ... How would you like to listen to some nice music?"

President's Column

What is a doctor?

A physician is a healer, a listener, a counselor and more. Our education in medical school was one of the most comprehensive available – just think of all we learned. Yet as we learned to diagnose, to heal, to treat, to cure, there is one skill we did not formally develop: a skill that can be critical to our patients. Each physician is – should be – must be – a teacher. Our role as patient educators is key both to health and to our professional future.

First, we must teach our patients how to be healthy – how to avoid illness, not just how to cope with and cure it. Many patients create their own disease as a result of bad habits or ignorance. One source claims 80 percent of all illness can be linked to smoking, alcohol consumption, drug use, poor diet, obesity or sexual promiscuity. Patient education about these activities could go a long way toward increasing wellness and reducing health care costs.

Today, more than ever, an ounce of prevention is worth a pound of cure. Companies like Sunbeam and Quaker Oats have begun wellness programs for their employees that focus on health education and fitness. As a result, they have seen greatly reduced absenteeism and a drop in their health care costs.

We must create for ourselves a public role as teachers as well. This nation just concluded a war in the Middle East that resulted in mercifully few casualties among our armed forces. Yet at home we continue to battle in our emergency rooms, in our offices and in our surgical theaters to save the lives of the casualties of drunken driving, illicit drug use, trauma resulting from handguns, rape and gang activity. In this country, violent crimes claim the lives of more young people between the ages of 17 and 24 than does any disease known to man.

We must begin as early as possible to teach our young patients that "health is wealth" – a healthy mind and a healthy body are their most important assets. We must help our adult patients see that good health is a personal, individual responsibility.

Advances in technology and medical knowledge now allow us to keep



Robert M. Reardon, M.D.

people alive much longer. For the first time in our history, the average American has more living parents than children. But the "high-tech" advances that allow us to maintain our geriatric patients come at a high cost. According to *Business Week*, 85 percent of an individual's health care expenses occur in the last two years of life. We need to help our patients understand their options for care at the end of their lives.

Finally, we must remember that one of the most important things a teacher can do is not to talk but to listen. We must hear our patients, their spoken and non-verbal messages. We must treat the whole person, not just the appendix, the earache, the ulcer. We must be flexible, resourceful and willing to compromise, except in quality of care.

There are other important things we must teach our patients about the cost of health care and the role of physicians in controlling costs. Patients should be our partners, not our adversaries, in the great national debate on health care in this country. In the year ahead I will be sharing my thoughts on these topics with you in this space in *Illinois Medicine* – and I look forward to meeting with you during my visits with the county medical societies.

Let me close with an ancient Chinese maxim that underscores how important our teaching role is: "Cure people's ills and make them healthy for a day. Teach them how to be well and make them healthy for a lifetime." ▲

Robert M. Reardon, M.D.
President

Illinois Medicine

VOLUME 3, NUMBER 8

APRIL 26, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



Illinois Medicine welcomes letters on topics of interest to our readers. Write us at Letters to the Editor, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Letters of any length will be considered for publication, but we reserve the right to edit for space.

Ald. Burke on tobacco billboards

I noted with interest the *Illinois Medicine* [Feb. 15] issue in which my tobacco proposal was discussed. The article highlighted the fact that the substitute version of my tobacco proposal, which was ultimately passed by the Chicago City Council, omitted the ban on billboard advertisement of tobacco products. Rest assured, however, that I have not abandoned our goal of restricting the billboard advertisement of tobacco products in Chicago.

Ald. Edward M. Burke
14th Ward
Chairman, Committee on Finance
Chicago City Council

HHS on Mile Square

I read with interest your March 1 article about the reopening of Mile Square Health Center. The Department of Health and Human Services' work to assist in reopening the facility reflects the strong commitment of HHS Secretary Louis W. Sullivan, M.D., to provide access to health care for the medically underserved community on Chicago's West Side.

The March 1 article, however, incorrectly states that HHS sold Mile Square Health Center to the city of Chicago for \$1. In fact, to facilitate the transfer of the facility to the city of Chicago to reopen it as a health center, HHS allowed the transfer of title of Mile Square Health Center (with a 1990 appraisal value of approximately \$1.1 million) and agreed to pay to the former grantee's estate in bankruptcy court the amount of \$348,700 as the "non-federal share" of the property that is due to the former grantee under federal law if a health care facility is transferred. Thus, HHS' commitment to reopening Mile Square Health Center and providing additional health care to the community it serves is much greater than the \$1 amount reflected in your article.

The regional HHS staff are pleased that our efforts along with those of the city and state governments have

resulted in the facility again providing services in Chicago.

Delilah Brummet Flaum
Regional Director
Department of Health and Human
Services

Medicine now a 'business'

The General Assembly is considering the enactment of a state health bill patterned after the Canadian health system.

Illinois State Medical Society Immediate Past President James H. Andersen, M.D., at a recent McHenry County Medical Society meeting,

stated that if the bill is passed into law our profession will be bound to abide by it, because otherwise we would be in violation of antitrust laws.

Medicine, however, is no longer a "profession." It is a "business." We incorporate, and we have lawyers and accountants and managers and medical records technicians operating our "business." ... We advertise and we use marketing techniques just like other businesses.

I submit that the American Medical Association and the ISMS [should] change their charters from professional societies to business societies. In that way, their members would have the same privileges that

members of unions and other organizations enjoy: to object to being coerced to participate in projects against their will without being subject to antitrust penalties.

Enacting a Canadian-style health program drawn up by our legislators would be comparable to going to war while being led by incompetent generals – both the troops and the civilians would suffer.

We are a nation that boasts to the world that we have a free enterprise system where everyone is the master of their own destinies. Should this bill pass, physicians will be reduced to serfdom.

B.B. Neuchiller, M.D.
Woodstock

COMMITTED TO EXCELLENCE



James W. Butler



Anna Olearnik



Robert B. Thomas

*Roche
Laboratories
presents the
winners of
the 1990*



Please join us in honoring these outstanding Roche sales representatives who have distinguished themselves by a truly exceptional level of professionalism, performance and dedication to quality health care.

Throughout the year, each of these award-winning individuals has consistently exemplified the Roche Commitment to Excellence, and we're proud to invite you to share in congratulating them on their achievement.



Kara L. Dahm



Kathryn A. Seghetti Maloof



Leland S. Warzala



Ramon Yadgar

Turn the page to see one of the many ways your award-winning Roche representative can assist you and your patients.

Good communication and personal attention can help physicians manage risk in grief situations

PARENTS FACING the death of an infant or child feel a significant loss.

Bereavement experts say that these feelings become the basis for parents' grief. Risk management experts say these feelings can also become the basis for a malpractice lawsuit.

Communicating effectively and providing a high level of personal attention are two effective techniques physicians can employ to manage risk in grief situations, experts say.

"I believe very strongly that perceptions of the care that patients and families receive matter a great deal

in whether they decide to pursue litigation," says Laura Lingl, risk manager for The Children's Memorial Hospital in Chicago. "I think the patient or family who feels they weren't treated nicely is more likely to seek the advice of an attorney if a bad result occurs."

Spending time to answer questions can help patients and families form positive perceptions, Lingl says.

Jere E. Freidheim, M.D., chairman of the Illinois State Medical Inter-Insurance Exchange Risk Management Committee, urges doctors to "keep

the lines of communication open. Do not apologize, but sympathize."

Physicians must try to identify the social and emotional needs of patients, as well as their medical needs. This is difficult, because many patients and family members do not air their anger when it occurs.

Physicians must assure patients and family members that anger is normal, particularly in cases of death or terminal illness. Physicians also must address changes in behavior to find out why patients are angry. That action can be a strong preventive

measure to protect physicians from potential lawsuits.

Physicians play an important role in the hospital grief management team, Dr. Freidheim says. When a death occurs, physicians meet with the hospital bereavement counselor before the counselor meets with the patient's family.

A hospital patient relations department can help manage risk, Lingl says. At Children's, the risk management and patient relations departments work closely together. "The patient reps are the people getting called when nurses identify an unhappy patient. ... They develop the gut feeling about whether a lawsuit may be filed."

Judy Friedrichs, R.N., coordinator of the Perinatal Bereavement Support Program at Rush-Presbyterian-St. Luke's Medical Center in Chicago, agrees that good communication and personal attention are strong risk management techniques. They are particularly important in grief situations. The program she coordinates at Rush emphasizes "extra sensitivity" and has an established protocol for dealing with perinatal deaths.

So much emotion surrounds grief situations that it is important to be highly sensitive to families' needs and to make as many decisions as possible before death occurs, Friedrichs says. "At the time of somebody's death, the people who need to respond to questions often have no ability to make informed decisions," she says. As a result, they can make decisions they later regret. And these decisions may ultimately trigger a lawsuit as the families look for a target for their anger.

Establish procedures for handling grief

Having established protocols is another solid risk management technique, says Friedrichs. When a newborn infant dies at Rush, a checklist of activities is performed.

"If a family feels mental anguish at some point, you can show that you did the same for every family," thus reducing the likelihood of a successful lawsuit, Friedrichs says.

Maureen Murphy, manager of social services at Highland Park Hospital, cites empathy as an important principle to help prevent risk. "Repetition of information is also critical," Murphy says. "In acute situations, families are not able to absorb all of what we say because of the crisis situation. Many people, by the time they leave the doctor's office, may have forgotten one-third of what the doctor said."

Good communication among the hospital care team is also critical, says Murphy. They need to have a "party line" in their communication with the families of dying children. Without it, parents receive mixed or inadequate communication about their child's care, which can shape their perceptions.

According to Murphy, an effective risk management program fosters communication, is sensitive to patient and family concerns, and empowers patients and families to seek resolution of their concerns. ▲

Tony Sullivan and Sean McMahan contributed to this article.

COMMITTED TO TOTAL HEALTH CARE

*Roche
Laboratories
presents the
resource library
for patient
information*

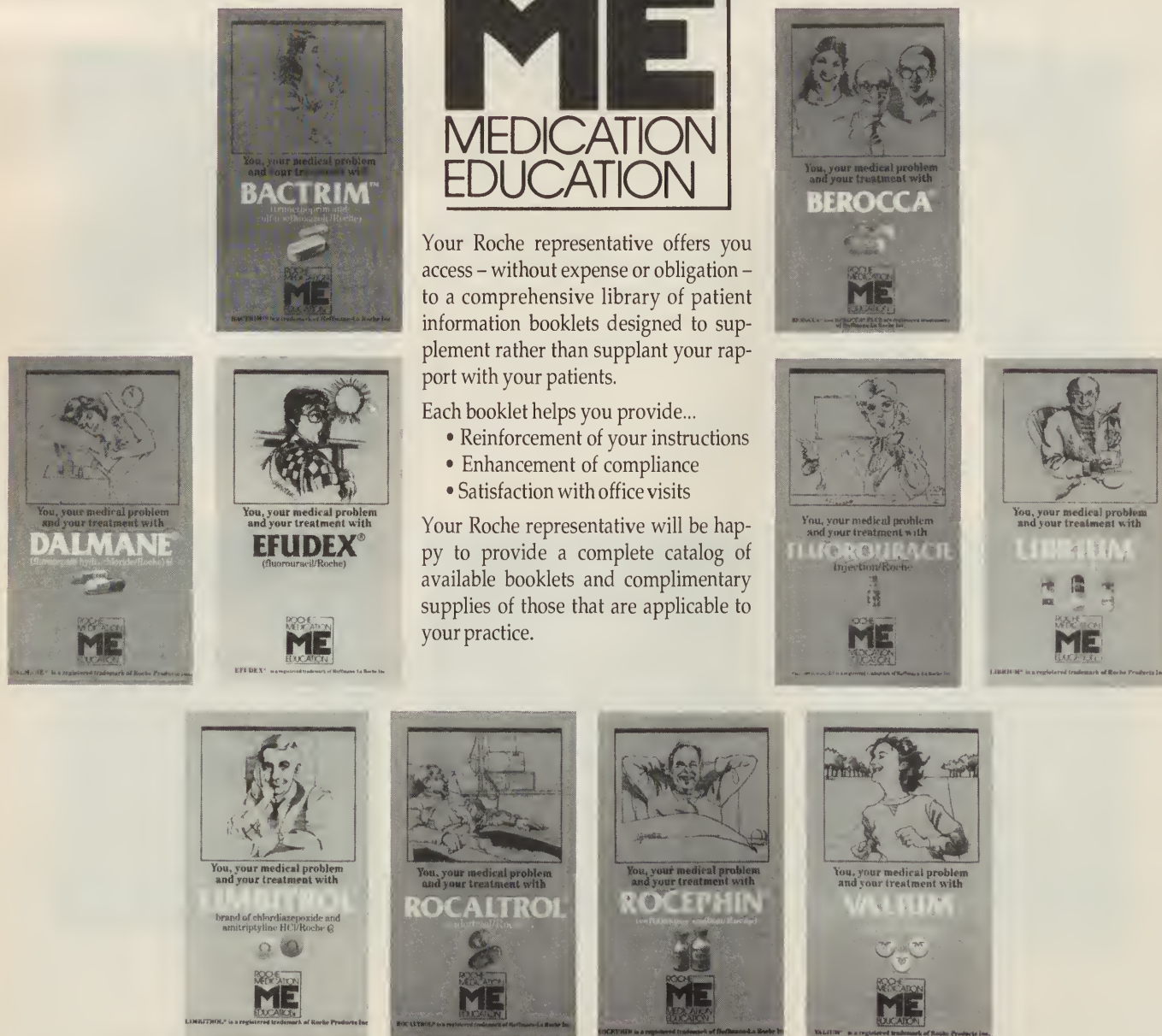
ROCHE
ME
MEDICATION
EDUCATION

Your Roche representative offers you access – without expense or obligation – to a comprehensive library of patient information booklets designed to supplement rather than supplant your rapport with your patients.

Each booklet helps you provide...

- Reinforcement of your instructions
- Enhancement of compliance
- Satisfaction with office visits

Your Roche representative will be happy to provide a complete catalog of available booklets and complimentary supplies of those that are applicable to your practice.



New procedures help speed temporary licenses

by Janice Rosenburg

FOR ILLINOIS residency program directors, March 20 marked the beginning of the temporary licensure period. The weeks between residency Match Day and program start-up dates are always hectic, but procedural changes made by the Illinois Department of Professional Regulation could ease the crunch this year.

Last year's temporary licensure period was particularly difficult. An unusually high number of applications for permanent licensure were being processed, and changes in the Medical Practice Act required an interview for some applicants who had been out of medical school for over five years. "More applications needed special review, which seems to me to be a trend," says John M. Holland, M.D., chairman of the Medical Licensing Board. As a result, IDPR fell behind in notifying program directors about application deficiencies.

The Illinois State Medical Society Council on Education and Manpower drafted 13 recommendations, which were approved by the ISMS Board of Trustees, to improve the situation. As they prepared for the 1991 licensure period, ISMS and IDPR worked to implement these.

"The recommendations were aimed at letting applicants know about deficiencies in their applications as soon as possible," says Robert Vanecko, M.D., a member of the ISMS board. "We all felt they would be helpful and now is the test to see if they really will be."

This year IDPR expects to process about 2,000 applications for temporary medical licensure. "We're doing everything we can to gear up for this peak period," says Karen Dunlap, assistant program executive at IDPR. "With the changes we've made in our electronic data processing unit, the additional staffing and the meetings we've had with ISMS, I feel we have a good start."

Even with IDPR improvements, residency program directors have their work cut out for them. "Speed, honesty and the realization that certain applicants are going to require more work can smooth the way for a successful licensure period," says Dr. Holland. "Start as early as you possibly can. Have the doctors themselves involved heavily. Get as much information as possible right up front."

Some of the toughest licensure problems involve applicants who graduated from medical school five or more years ago and who have never been licensed in another state and/or country, or who have not been engaged in a formal medical education program. These applicants must appear before the licensing board with proof they have maintained their clinical skills.

Arvind K. Goyal, M.D., a member of the licensing board and ISMS president-elect, advises residency program directors to help those residents document the experience. "Allow them to attend in-house didactic lectures and clinical pathological conferences," he says. "Or have them read reputable journals and complete the quiz cards that many offer."

Post five-year graduates can join medical students in rounds if they do not speak, touch patients or write on charts.

Another problem this year derives from what Dr. Holland calls "an increased number of unmatched positions." Residency program directors will be scrambling to fill those spots from the pool of unmatched residents.

Because of corporate changes, 200 Humana Hospital-Michael Reese residents must transfer their licenses to the University of Illinois. "The transfers will be no problem if they are submitted on time with the appropriate information," says Pat Eubanks, manager of IDPR's medical section.



John M. Holland, M.D.

Wm. Daniels/The Photo Partners

Residency program directors can simplify the 1991 licensure period by observing the following:

- Complete each application fully; include a check for the correct amount; submit proof of any name changes; accompany foreign language documents with original notarized translations; include the signed (by the residency program director) CA-MED form certifying the applicant's acceptance into a clinical residency program; and obtain a CT form from each state

and/or foreign country in which the applicant holds or ever held a medical license.

• Only transcripts with school seals affixed are acceptable. Work history forms must account for all the time between medical school graduation and the present.

While Dr. Goyal is pleased with the procedural changes made by IDPR this year, he would like to see IDPR staff members make on-site visits during the application period. Future consideration may also be given to allowing students who look like possible matches at their interviews to pre-file applications with IDPR.

"After the match, the form certifying the applicant's acceptance into a program would be sent in and the application would be complete," he says. ▲



They Say There's A Touch of Magic in the PBT Major Medical Plans...

But we simply listened to you, the member physicians of the Chicago Medical Society and the Illinois State Medical Society. Then we designed low-cost *individual* and *group practice* Major Medical plans with the great features you asked for:

- No Pre-Approvals
- No Second Opinions Required
- Comprehensive Coverage
- Guaranteed Renewable
- Your Choice of Doctors & Hospitals

The PBT Major Medical Plans aren't magic, but they are what you expect from your medical society. After all, we're just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Major Medical Plan** sponsored by my medical society.

☐ Send information about the other PBT plans I have checked.

☐ Excess Major Medical

☐ Medicare Supplement

☐ Hospital Indemnity

☐ Dental

☐ Long Term Disability

☐ Accidental Death & Dismemberment

☐ Term Life

☐ Personal Umbrella

☐ Office Overhead

☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

ISMS

PBT Physicians' Benefits Trust

PBT

Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

Loyola dean seeks to encourage, inspire students

by Catharine Reeve

WHEN THE SOPHOMORE class at Loyola University's Stritch School of Medicine began its first day of clinical diagnosis this past January, Dean Daniel Winship, M.D., was there. "The students are starting their interaction with real patients," says Dr. Winship. "It's a fearsome time, an exciting time. I wanted to give them my philosophy of how you take care of a patient, how you begin that interaction. And I wanted to impart a sense of the magic that is in that sort of setting."

Seeking to foster a supportive atmosphere for Loyola faculty and students, Dr. Winship says his role is to encourage and inspire. "A dean can't be an autocrat," he says. "It doesn't yield any results. The job is rather one of facilitating collaboration, setting direction, persuading, leading and, especially, creating a milieu in which the faculty can do the work they have to do."

He also tries to ensure that the medical school curriculum is evolving, its content and methodology keeping pace with medical advances. The dean sees medical education as a three-legged stool: clinical care, research and teaching. Supporting it all is the quality of the faculty, which, says Dr. Winship, is closely related to the "research dimension."

While praising Loyola's faculty and strong clinical program, the dean notes that the school does not yet have a strong research component, which he deems necessary if Loyola



Daniel Winship, M.D.

is to attain the "academic luster" of a first-rate medical school. Otherwise, he says, "We'll continue to be a good medical school, but we cannot achieve a really high pinnacle of success without more research." (Current grants for research total about \$10 million.)

A research program is necessary, the dean adds, to recruit the highest quality faculty and students. Moreover, he says most physicians in academic medicine believe that main-

taining a first-rate clinical operation must be accomplished "in the context of, and bolstered by, people who are on the cutting edge of developing new knowledge through research."

Dr. Winship hasn't yet had time to implement many of his ideas for enhancing the research program. He only became Loyola's dean last July, yet he can already point to several relatively inexpensive steps that have made a difference in attitude.

One was enhancing the molecular biology program, which is not a department in itself but an approach to research that ties the basic science departments together. The dean worked with the faculty to recruit a new program head and create several new positions. "It's been tremendously successful," says Dr. Winship. "Those people are off and running now."

He has also targeted the biomedical statistics area for more funding, adding another arm of sophistication that will upgrade what researchers can do and helping the faculty compete more effectively for grants.

"A lot of people look at what's happening to the granting system and ask how can we ever compete," says Dr. Winship. "I say, 'Well, you can't com-

pete if that's the way you think about it. But think about it another way. There are billions of dollars out there for grants, and we're not getting anywhere near our share. So let's get better than we are.'"

Mind-set clearly matters to Dr. Winship, who is determinedly and relentlessly optimistic. In a school where the top item on everyone's agenda is the need for more space — "We have almost knockdown fights over it," he says — Dr. Winship wants to secure another 150,000 square

feet of space for research. He also wants to recruit another 40 to 50 research-intensive faculty at Loyola within the next five to 10 years. "That may be overly optimistic," he admits, "but it doesn't hurt to have a goal that's hard to reach. It wouldn't be impossible to reach that goal, it would just be difficult."

The final choice of who gets how much space rests on the dean's shoulders. He holds up a small plaque his wife gave him that reflects the painful choices he must often make: "Either way, it hurts."

A dean's job description doesn't include much student contact, but Dr. Winship, a gastroenterologist who has twice won awards as an outstanding teacher, enjoys students and creates opportunities to meet with them in a variety of settings. One is his home, where he and his wife host small groups of freshman students on selected Sunday evenings. "I want students to know that the dean is a real person," he says. "This is who he is, this is what he looks like."

The new dean earned his medical degree at the University of Texas in 1958 and subsequently held faculty positions at the medical schools of Marquette, the University of Missouri and the University of Kansas. Along the way, he was affiliated with several Veterans Affairs hospitals, doing more administrative work than he had ever imagined. "I have a penchant for it," he says, "and I think I do it fairly well."

From 1987-90, he had an opportunity to test his "developing love of administration" in Washington, D.C., when he was operations head of the VA health care system, which covered 172 hospitals. "It was a very exciting job," he says, "and an extraordinary experience. It's a massive,

complex, \$12 billion system. I had a lot of fun, and I learned a lot." When political changes eliminated his job, he looked at his qualifications, experience and what he particularly enjoyed, and decided that "dean" fit them all.

Loyola benefits from his VA experience as well as from his optimistic leadership. The school is affiliated with Edward Hines Jr. VA Hospital, adjacent to the Maywood campus. Each department at the medical school is affiliated with its VA

hospital counterpart, but until now the affiliations have varied in their strength and effectiveness. "I think they all ought to be strong," says Dr. Winship. "I've served notice that it will be a requirement of new department chairs that they integrate their departments with the equivalent VA department. Eventually, it will be all one pool, one program." ▲

(Editor's note: This article is the fourth in a series profiling Illinois' medical school deans.)

CONSULTING SERVICES FOR PHYSICIAN DIRECTED LABORATORY

LABORATORY DOCUMENTATION
AS REQUIRED BY
STATE AND FEDERAL REGULATIONS
CUSTOMIZED PROCEDURE MANUALS
EQUIPMENT MANUAL
SAFETY MANUAL
QUALITY ASSURANCE

LABORATORY CODING AUDITS
IDENTIFY INCORRECT CPT CODES
MAXIMIZE MEDICARE REIMBURSEMENT

LAB FEASIBILITY STUDIES:
LAB STARTUP AND EXPANSION
INSTRUMENT PROCUREMENT
REQUISITION /REPORT DESIGN
QUALITY CONTROL SYSTEMS

CONTACT:

R.P. NAYYAR, Ph.D
CHARLES B. ROOT, Ph.D

MED SOURCES

1080 NERGE ROAD, ELK GROVE IL. 60007
TEL (708) 351-1710, FAX (708) 351-6001

Members in the News

by Anna Brown

Igor L. Dubravec, M.D., of Herscher, received the Community Service Award from the Herscher Chamber of Commerce at its annual dinner. Dr. Dubravec began his medical practice in Herscher in 1964, after escaping the Communist regime in his native Czechoslovakia at age 23 and spending time in Australia and Spain. Dr. Dubravec has been the team physician for Herscher High School for more than 20 years. He is also one of 24 physicians nominated for the Illinois Academy of Family Physicians' 1991 Family Physician of the Year award.

E. Richard Ensrud, M.D., of Urbana, received the Laureate Award from the Illinois chapter of the American College of Physicians at its regional meeting in Springfield. Dr. Ensrud received his medical degree from Northwestern University Medical School, Chicago, and holds a master's of science degree from the University of Minnesota-Mayo Foundation in Rochester. He is a clinical professor of medicine who helped to organize the University of Illinois College of Medicine at Urbana-Champaign, and has practiced internal medicine and gastroenterology at Carle Clinic Association, Urbana, since 1957. The Laureate Award honors ACP fellows in Illinois who have demonstrated an abiding commitment to excellence in medical care, education or research, and in service to their community and the ACP.

Emilio Cabana, M.D., of Downers Grove, was named to the board of directors of First Colonial Bank of Downers Grove. Dr. Cabana is a pediatrician at Downers Grove Pediatrics Ltd. and is on staff at Good Samaritan Hospital and Hinsdale Hospital.

The American College of Physicians has chosen **Joseph S. Solovy, M.D.**, of Peoria, governor-elect of its downstate region chapter. Dr. Solovy is vice president of physician relations at Methodist Medical Center, Peoria, and has practiced internal medicine for 35 years. The downstate chapter of the ACP has more than 300 members.

Punnoose Pachikara, M.D., a Murphysboro general surgeon, received the first annual quality care award, presented by the quality assurance department at St. Joseph Memorial Hospital in Murphysboro. Dr. Pachikara has practiced in Murphysboro since 1978. He is certified by the American Board of Surgery and is a fellow of the American College of Surgeons.

Richard J. Wiet, M.D., of Western Springs, was elected secretary-treasurer of the William House Society, a national group encouraging education and innovative research among otologists.

Russell Dohner, M.D., of Rushville, was honored by the Heritage Manor Nursing Home in Beardstown for his 35 years of area service. Heritage Manor is also granting a \$250 medical scholarship in his name to a Beardstown High School graduate.



Accompanied by his wife Uta, Igor L. Dubravec, M.D. (right), of Herscher, received the Herscher Chamber of Commerce's Community Service Award at its annual dinner.

Dr. Dohner, who has been medical director at Heritage Manor for four years, received his medical degree from Northwestern University Medical School, Chicago.

H. Gale Zacheis, M.D., of Decatur, was elected to the Board of Directors of First Decatur Bancshares Inc. Dr. Zacheis is attending surgeon at Decatur Memorial Hospital and St. Mary's Hospital, Decatur, and is clinical assistant professor of surgery at the University of Illinois at Chicago.

The Illinois Association of Osteopathic Physicians and Surgeons named **Quentin Kling, D.O.**, of Palos Heights, Physician of the Year. Dr.

Kling received the award for "his community service, constant dedication to his patients, to his associates and to the progress of osteopathic medicine in Illinois." He has been on staff at Palos Community Hospital since 1974, and received his medical degree from Kirksville (Mo.) College of Osteopathy and Surgery.

Lester J. Raff, M.D., of Long Grove, was elected Doctor of the Quarter by the employees of Holy Family Hospital, Des Plaines. Dr. Raff, a pathologist, was chosen because of his humanitarian approach to dealing with patients. ▲

Earn 28 CME credit hours, Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY June 27-June 30, 1991 • Hyatt Regency • Chicago, Illinois

CARDIOVASCULAR/HYPERTENSION ADVANCES IN MEDICINE

THURSDAY, JUNE 27

(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Michael E. DeBakey, MD
Chairman: Emil J. Freireich, MD

CANCER GERONTOLOGY

FRIDAY, JUNE 28

(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Edward J. Beattie, MD
Chairman: Leon Resnekov, MD

NUTRITION GASTROENTEROLOGY

SATURDAY, JUNE 29

(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: James W. Anderson, MD
Chairman: Joseph B. Kirsner, MD

SUNDAY, JUNE 30

(8:00 am-12:00 noon)

Chairperson: Domeena C. Renshaw, MD

BREAKFAST CONFERENCE SEXUAL MEDICINE

SPECIAL FUNCTIONS

Continental Breakfast-Banquet-
Cocktail Reception

REGISTER EARLY and
BE ELIGIBLE TO WIN
AIRLINE TICKETS FOR TWO
Anywhere in Continental US
American Airlines

CERTIFICATION

AMA—Earn 28 credit hours
Category 1 for the
Physicians' Recognition Award
AAFP—Earn 25 prescribed hours

Located Nearby: Art Institute
and Museums. The Magnificent
Mile for shopping and enter-
tainment. Boating, swimming
and Golf along the lake front.

AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY HYATT REGENCY HOTEL—CHICAGO, ILLINOIS JUNE 27-30, 1991 REGISTRATION FORM

Dr. _____

Address _____

City, State, Zip _____

Membership Dues: \$80

Meeting Admission: Members

\$350	Preregistered	\$475	Nonmembers	\$80 with letter from
\$400	At Door	\$525	Residents	department chairman
	Nurses/Technicians/Assistants	\$150	Retirees (Fully Retired)	\$80

☐ Check

☐ MasterCard

☐ American Express

☐ VISA

Card No. _____ Exp. Month _____ Year _____

Make check payable to: American Society of Contemporary Medicine and Surgery

233 E. Erie Street—Suite 710, Chicago, IL 60611.

\$25.00 Cancellation Fee No Refunds after June 1, 1991

REGISTER NOW by mail or call 1-800-621-4002 Illinois 312-951-1400

Physicians assess the Gulf war's impact on their practices

by Sean McMahan

TWO MONTHS AFTER the end of the Persian Gulf war, Illinois physicians returning from active duty are facing new challenges in resuming their practices.

"Obviously there have been a lot of changes for us personally, and a lot of changes with the practices at home," says Allen L. Neese, M.D., a Peoria pediatrician stationed at Ft. Bragg, N.C. Dr. Neese left his solo practice in December to become head of the base hospital's pediatrics department. He expects to remain at Ft. Bragg until the regular base physicians return from overseas.

"I think the difficult part is going to be for the next month until I can get things going again," says Arnold Swerdlow, M.D., a general surgeon from Skokie. Since returning to the United States earlier this month, Dr. Swerdlow has been poring over past medical journals "to be sure I didn't miss anything new while I was gone."

During his two-month stay in Spain, where he was the commander of an aeromedical staging hospital, Dr. Swerdlow says his fellow physicians often discussed the effect military service was having on their practices back home. "They all went through the same thing, unless they were fortunate enough to leave with partners [to continue the practice]," Dr. Swerdlow says. "If you were a solo practitioner there was nothing to do but turn over your work to someone else and hope everything was all right. I kept my office open and my

bookkeeping going, but no practice of medicine was done."

Cannot 'send Hussein a bill'

Dr. Swerdlow expects to return to surgery shortly, but for Dr. Neese the impact of being away from his practice is more difficult to assess. He started his practice "from the ground up" in July 1988, and saw it grow steadily. But active duty halted that momentum, and he wonders how long it will take to rebuild.

Lost patient revenues and a salary reduction from being in the military have strained his practice financially, forcing him to borrow money to meet his payroll. His wife Sandy is managing day-to-day operations, including hiring substitute physicians.

Noting that the cost of hiring substitutes may exceed a physician's regular civilian income, Dr. Neese adds, "There's no way for us to send Hussein a bill" for lost revenues.

Most of the physician reservists at



Joe Hindley

Ft. Bragg are in a similar position, Dr. Neese says. Some closed their practices, leaving other community physicians to absorb the patient load. Many of them are concerned that because additional doctors were hired to cover for them while they were gone, there will not be enough patients to go around when they return, he says.

Many reservist physicians placed on alert but not activated also faced the same uncertainties about their families and practices as those called to active duty. "[Being placed on alert] was similar to a major dramatic event in one's life, like the death of a loved one," says Donald Rokosch, M.D., a Danville Ob/Gyn and one of eight physicians in his Peoria M.A.S.H. unit not assigned to active duty. "The thing hits you right between the eyes and all of a sudden

it makes you see what your real-life position is."

In the early 1980s, many reservists believed that they would be used to fill positions in the United States vacated by other doctors who were sent overseas. But many of the nearly 3,000 physician reservists activated because of the Persian Gulf crisis were sent to the Gulf, says Lynwood Jones, M.D., a Navy reservist who spent 2½ months aboard a hospital ship in the Persian Gulf. This increased reliance on reservists, coupled with the hardships of juggling support of families and practices while on active duty, may prompt some physicians to reassess their military role. "Nobody knows when the next [crisis] will blow up," he says.

Compensation for reservists is based on rank and level of service, according to a Defense Department spokesman. Reservist physicians receive additional pay depending on their specialty. The monthly base pay (without specialty pay) for a captain with eight years of service is \$2,630, while a full colonel with 20 years' experience receives \$4,400.

Doctors with 20 years of reservist service are eligible for retirement pay at age 60, the spokesman says. A point system is used to calculate retirement benefits based on such factors as drills attended and active duty days served. Reservists are also eligible for education benefits while they are in the reserves.

"It was hard to keep doctors in the military, and it will be harder now," says Dr. Jones, an infectious disease specialist from Schaumburg.

Physicians with more than 15 years of service will probably remain, Dr. Jones speculates, but those with less than 10 years of service will likely reevaluate their commitment.

Dr. Neese agrees that the financial burdens will prompt most physicians with less than 15 years' service in the military, or five to 10 years remaining before retirement, to reassess. They will "not want to make this gamble again," he says. ▲

When you need a lawyer, trust a physician

If you need an attorney, you want assurance that your lawyer understands the legal aspects of modern medical practice. Thomas J. Pliura, M.D., J.D. is a physician and an attorney concentrating his practice in the area of medical law. His background gives him a unique perspective on the needs of physicians involved in malpractice litigation or peer review organization disputes.

He can:

- directly defend you in a malpractice suit
- represent your interests in disputes with peer review organizations
- monitor the insurance carrier's attorney in malpractice suits to make sure your best interests are protected.

**When you need a lawyer
so you can practice medicine, contact
Thomas J. Pliura, M.D., J.D.
Physician and Attorney
P.O. Box 130 LeRoy, IL 61752
(309) 724-8374**

Active duty 'an emotional roller coaster'

THE UNCERTAINTY of being placed on military alert, the scramble to settle one's affairs before activation, and the anxieties that precede an expected influx of wounded soldiers amounted to "an emotional roller coaster," says one Illinois physician who returned from the Persian Gulf in March.

"Two weeks before the air war started we were briefed by intelligence [officers] and told to expect 20,000 casualties the first week," says Lynwood Jones, M.D., a Navy reservist who served aboard the hospital ship USNS *Mercy*. The ship's position in the Persian Gulf gave Dr. Jones a firsthand view of the around-the-clock activities of nearby aircraft carriers. Doctors aboard the hospital ship had expected to treat wounded pilots who had been shot down, but fortunately most returned safely.

The staff of 1,200 aboard the *Mercy* again braced for numerous casualties when the land war began. "We were pumped up for a bloodbath,"

Dr. Jones says. "Then everyone was relieved when everything was OK." Though casualties were lighter than expected, Dr. Jones says, "In all the hype we tend to forget that 200 people were killed over there."

Arnold Swerdlow, M.D., an Air Force reserve colonel, spent 2½ months in Spain at a hospital set up to treat casualties before they returned to U.S. facilities for further care. The 250-bed hospital's staff, primarily reservists, trained daily for loading and unloading wounded soldiers from vehicles. But the onslaught of casualties never came, and the hospital treated only one soldier who was examined while the plane in which he was traveling refueled.

On his return to the United States, Dr. Swerdlow was gratified by the response from Americans. "I cannot remember in my lifetime the patriotism that's been exhibited and the enthusiasm of the people," says the 61-year-old surgeon. "It's quite a bit different than Vietnam was." ▲

Exchange

(continued from page 1)

services and released rates that will hold steady or drop for most policyholders going into their sixth year of coverage.

"Our performance has been so strong that we can extend full maturity from six to seven years," Dr. White said. With the exception of neurosurgeons, Exchange physicians entering their sixth year of coverage will find their premiums slightly reduced or holding at last year's levels. Also, physicians in La Salle County benefit from a territory change that will lower premiums there.

Exchange officials caution, however, that some physicians, especially those in earlier years of coverage, may see rate increases ranging up to 30 percent, a normal pattern in claims-made coverage.

New services unveiled

Of notable interest to physicians who have not yet signed with the Exchange was the announcement that a special prior acts coverage charge will no longer be required when physicians join the Exchange. Instead, they can expect premiums comparable to the current maturity year coverage under their old policy.

In addition, first- and second-year premiums will be lower in 1991-92 than previously. First-year members will pay about 25 percent less than did last year's first-year physicians. And doctors in their second year of coverage will be charged about 10 percent less than last year's second-year doctors were.

Discounts for new practitioners were also improved. Doctors newly in practice will begin their coverage paying only 30 percent of the standard premium. Ten percent increases will be phased in over a three-year period, compared to the previous two-year calendar.

Defense time reimbursement

The Exchange will also reimburse physicians who take time away from their practices to assist the Exchange in defending professional liability suits. This coverage, which is provided at no extra charge to the policyholder, reimburses \$500 a day for time the physician spends away from the office defending a malpractice suit. "We recognize that \$500 a day probably doesn't begin to cover a physician's true costs in being away from the office or hospital for a full day," said Dr. White. "Yet defense of professional liability suits is a business fact of life and we felt it was in our policyholders' best interest to offer this service."

Another Exchange first is the availability of paramedical professional liability coverage for physicians who employ certified nurse midwives. 1991 premiums for these paramedical personnel are set at 10 percent of a mature Class 6 premium.

Physicians applying for this coverage must supply specific information about these employees and must follow the Exchange's requirements for supervision and coverage, including a 1:1 ratio, the exclusion of remote supervision and the exclusion of planned home deliveries.

Also announced at the annual meeting was the elimination of the requirement that employers purchase a "former employee endorse-

ment" to cover the employer's vicarious liability when a physician leaves the practice. That coverage is now included, at no cost, in the standard Exchange policy for employers.

Rates hold or drop

Among physicians who will see their malpractice premiums decline in 1991-92 are physicians in La Salle County. A classification change from Territory II to the more favorably rated, less risky Territory III brings that area into the same grouping as the majority of Illinois counties.

"Sustained improvement in loss experience is the reason we are glad to make this change," Dr. White said.

"The improvement is actuarially significant and that results in a reduction in premiums." A county must show significant and continued multi-year improvement over previous experience to be considered for a territory change. In addition, the county's overall experience must be better than the general experience in the state for that same period.


Many Class 4 physicians, most of whom are anesthesiologists, will enjoy an 11 percent reduction in premiums; other physicians in Class 4 are emergency physicians, otolaryngologists who do not perform cosmetic surgery, urologists, proctologists and critical care specialists.

Two percent reductions are scheduled for most physicians in Class 5, most of whom are general and colon surgeons and ENTs who perform elective cosmetic surgery.

The biggest improvement in rates will be seen by orthopedic surgeons who perform spinal surgery; their rates will decline by 12 percent. Previously sharing Class 7 with neurosurgeons, the orthopedic surgeons' experience has improved so significantly that a new class, 6A, was created for them. Neurosurgeons will see a slight (2 percent) increase.

New rates sheets will be distributed in a special mailing to policyholders in May, Exchange officials said. ▲

For Your Patient Referral Needs



One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

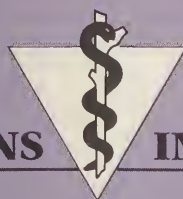




Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

For more information about APIC
call toll-free 1-800-942-APIC

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Universal health

(continued from page 1)

to the new single-payer system. A similar measure, S.B. 300, is currently before the Illinois Senate.

The proposed system would offer Illinois residents any type of health care services they chose, with the "lone exception of cosmetic surgery," Dr. Goyal said. He added that providing a "virtually unlimited menu" of services could create an "explosion in demand" for services that would exacerbate, not cure, the state's access problem for uninsured and underinsured residents.

"It is unrealistic to think the state can provide routine, acute and chronic health care services — including unlimited substance abuse treatment and long-term nursing home care, to name just two expensive features of the plan — without bankrupting the budget in a very short period of time," Dr. Goyal said.

But the bill's co-sponsor Rep. Anthony Young (D-Chicago) said the new system would ease the access problem, especially in rural and indigent urban areas. "The state's health care costs are escalating; they're totally out of control," he said.

Young noted that \$30 billion a year is currently spent in Illinois on health care, yet 1.5 million residents are uninsured. Under the single-payer proposal, the state could provide care to everyone for about \$27.5 billion a year, he claimed.

Robert Creamer, executive director of Illinois Public Action, an advocacy group that proposed the universal system outlined in H.B. 300, said Illinois is not spending "too little on health care, we're spending too much. We're all paying a whole lot more and getting suckered."

Creamer, who also is working with U.S. Rep. Marty Russo (D-Oak Lawn) to promote a national universal health care system, said a state single-payer system is fairer than the present system "because everyone drinks from the same trough."

Russo, who testified in favor of Young's bill, said he would prefer that a universal system be enacted at the federal level, but, "If the states will start the march, it would help."

Tax increases would fund system

To effect an overhaul of the state's health care system, significant payroll, income and so-called "sin" taxes would have to be enacted, Young said. Although several members of the health and insurance committees agreed with Young and the bill's co-sponsor Rep. Jan Schakowsky (D-Evanston) that improved access to care is needed, most balked at the cost of this plan.

Specifically, employers would have to pay a new 7 percent payroll tax. Employees would absorb a new income tax increase over the current 3 percent (provided the temporary surcharge tax is extended by the General Assembly in June) for a total of 8 percent. In addition, the state would double the "sin" taxes on cigarettes and alcohol.

Rep. Gerald Weller (R-Morris) told Young the goals of reforming the state's health care system "have merit," but he has concerns about the cost of the program. A person with a taxable income of \$30,000 would have to pay \$1,500 more to cover the increased state income taxes, Weller

said, and the person's employer would pay an additional \$2,100 in payroll taxes.

Young countered that people who have health insurance now and employers who provide health benefits to their employees would just be shifting their dollars to pay the taxes, instead of insurance premiums.

"But many businesses don't have the 7 percent," said Rep. Larry Hicks (D-Mt. Vernon) of many small business owners in his district that cannot now afford to provide health benefits to their employees. "They'll go out of business."

Rep. Louis Lang (D-Skokie) said he also has difficulty with the funding. "For those businesses that are already paying for their employees' health insurance coverage, there will

be a savings," he said, "but those that aren't will take a big hit."

Larry Barry, executive director of the Illinois Life Insurance Council, warned committee members that although the proposed tax increases will bring in "a hell of a lot of money," the generated revenues will fall short of what is needed to provide the services outlined in H.B. 300.

"Don't kid yourself that there's enough money here to cover this," Barry said. "You'll be lucky if there's enough money here to cover major medical. Certainly no one in their wildest dreams thinks that they can cover long-term care and nursing homes with these proposed taxes. They're way short of the mark."

Lang asked the bill's sponsors if other, more palatable, funding

sources had been examined. "Yes," Young said, "but we think this is the fairest one. This problem will just escalate each year we don't act."

The Illinois Hospital Association also testified against H.B. 300 during the nearly five-hour hearing. "The state is a lousy partner in health care," said IHA Vice President Adrienne Levatino. "To be wed to that partner for all care is a scary prospect."

Dr. Goyal added, "If we are to truly help the citizens of Illinois to better health and improved access to health care, we must not rush headlong into a program whose unanswered questions may only make the current situation worse — much worse." ▲

Earn up to
28 ACCME
Credit Hours
Category 1

26th ANNUAL
MEETING AND
SCIENTIFIC
ASSEMBLY
of the
AMERICAN
SOCIETY OF
CONTEMPORARY
OPHTHALMOLOGY

June 27-June 30, 1991
Hyatt Regency
Chicago, Illinois

SEMINARS:
CATARACT/IOL,
OPHTHALMOLOGY
TECHNOLOGY,
CONTACT LENSES,
GLAUCOMA,
RETINA,
EXTERNAL
EYE DISORDERS

To register
call 1-800-621-4002
Illinois 312-951-1400

American Society of
Contemporary Ophthalmology
233 E. Erie Street
Suite 710, Chicago, IL 60611.

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the CNS and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

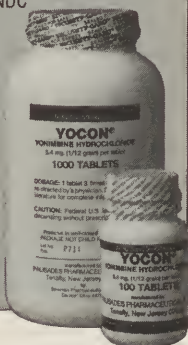
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Annual meeting
(continued from page 1)

Eliminate the Data Bank

Delegates enthusiastically endorsed two resolutions that some believe will provide a mechanism for dismantling the National Practitioner Data Bank, which physicians nationwide find onerously intrusive.

Resolution 19 seeks to limit physician information submitted to the Data Bank to that covering licensure revocation or felony conviction. It also seeks to make other professions subject to a similar Data Bank.

A second resolution asks that the AMA “develop a strategy that will lead to the timely and systematic dismantling of the Data Bank,” and requests that the AMA issue a progress

report at each of its House of Delegates meetings “until dismantling of the Data Bank is completed.”

Established by federal legislation in 1986, the Data Bank is intended to be a national repository of information regarding physician competence, licensure status and malpractice experience. Its first months of operation have been characterized by reports of inefficiency and inadequate funding and staffing, resulting in an immense backlog of reports and information requests.

Support for nurse practitioners

Two access to care resolutions received House of Delegates endorsement. The House adopted a resolution supporting the use of nurse practitioners and physician’s assis-

stants under specified conditions. These include supervision by a physician who retains responsibility for the care rendered by the employee and restriction of the number of paramedical personnel to no more than one, who must be located within the physician’s medical service area.

The House also endorsed legislation establishing a pilot program for post-surgical and obstetrical centers (PSOCs). Last June, a similar bill was withdrawn after an intensive lobbying campaign by the Illinois Hospital Association that ISMS officials said “irresponsibly distorted” the facts.

AMA unification , ISMS trustee terms

The delegates voted to remain one of seven states holding unified status

with the AMA. The delegates accepted ISMS Board of Trustees reports on the monitoring of the national organization’s efforts to address the 1989-90 disclosures of financial mismanagement.

After extensive reference committee and floor debate, the House failed to reach the two-thirds majority required to limit the trustee terms of office. Following the resolution’s narrow defeat, ISMS Board Chairman George T. Wilkins Jr., M.D., of Edwardsville, announced that the board’s Committee on Constitution and Bylaws will examine the issue and bring to the 1992 House “multiple options” for addressing the concerns expressed by the resolution’s supporters. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Boundary Waters Canoe Area and beautiful Lake Superior. Family practice opportunities in northeast Minnesota, northwest Wisconsin and upper Michigan. Offering spectacular natural beauty, abundant recreational activities (including canoeing, fishing, alpine skiing and cross-country skiing) and competitive packages. Small rural practice and larger multispecialty group practice opportunities are available. Contact Susan Sowieja, Northern Lakes Health Care Consortium, 1017 E. First St., Duluth, MN 55805; 218/726-5587.

Positions and Practice

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Central Illinois: seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance with unlimited tail coverage. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Southwest Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine – Wisconsin Rapids; II-physician group (all certified) adding fifth general internist; growing practice; modern hospital – 8 bed ICU – excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River, central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and “call.” Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 360I Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony’s Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

Chicago: full-time emergency medicine positions available in your choice of academic emergency departments contracted with Emergency Medical Associates of Illinois. Full-time physicians BC/BE in emergency medicine or BC/BE in a related specialty (with extensive ED experience) will receive a potential faculty appointment, superb compensation and benefits package, malpractice insurance with no tail, employee or independent contractor status, and continuity of working in one facility or diverse experience in emergency departments with volumes of 10,000-50,000. Part-time positions also available. Please contact Mable Terry 312/947-4569. Send your resume attention: Emergency Medicine, 5200 S. Ellis Ave., Chicago, IL 60615.

BE/BC allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Illinois, southwest of Chicago: part-time physician, seeking experienced emergency BC/BP physician for work in a Level II trauma center hospital (60 miles southwest of Chicago Loop). Excellent remuneration with malpractice coverage and flexible staffing. Contact Steven Taller, M.D., F.A.C.E.P., Morris Hospital, 150 W. High St. Morris, IL 60450; 815/942-2932.

Nephrologist/internist needed for small, near north-side practice. Will provide dialysis facility equipped for hemodialysis and peritoneal dialysis, as well as a doctor’s office, exam room and waiting room. If interested in this very new, lucrative position and practice opportunity, please send CV for consideration to 7809 Lake St., Morton Grove, IL 60053.

Geriatric medicine fellowship – University of Illinois at Chicago section of geriatric medicine offers positions for July 1991 and 1992. Program directed by Alvar Svanborg, M.D., Ph.D., for BC/BE internists. Facilities include hospital inpatient unit, consultation service, comprehensive outpatient geriatric assessment clinic, teaching nursing home, and home-health service. Strong teaching and research components. AA/EOE. Contact: David O. Staats, M.D., Department of Medicine (787), University of Illinois at Chicago, 840 S. Wood St., Chicago, IL 60612; 312/996-4750.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Central Illinois. New facility, expanding staff, provide medical services to student clientele. No DRGs, no nights, 40-hour week, ample time off – opening for BC/BE family practitioner. Full-time 11 month position, competitive salary/benefit package. Application deadline June 1, 1991. Contact Glenn Weiss, Medical Director, Illinois State University, Normal, IL 61761; 309/438-8711. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Central Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Due to illness, a well-established general surgeon and practitioner is retiring. Practice is available immediately offering a very rewarding financial arrangement. Less than two hours from Chicago, Streator has a population of 15,000 with a progressive, licensed 240-bed hospital. For further information, contact Robert Gubbels, St. Mary’s Hospital, 815/673-2311.

Internal medicine, family practice, Ob/Gyn, emergency medicine, pediatrics. Outstanding practice opportunities available for board qualified/board certified physicians throughout Missouri and southern Illinois. Solo, single specialty and multispecialty positions are available. Each practice opportunity offers excellent coverage, paid malpractice insurance, guaranteed income and more. Please call collect 314/355-2300 ext. 5543, or submit your curriculum vitae to: Christian Health Services, 11133 Dunn Rd., St. Louis, MO 63136, Attn: Daniel W. Brewer, Executive Employment.

Central Illinois – Illinois licensed primary care physicians for full-time staff positions. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

General internal medicine. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities in beautiful wooded areas with an abundance of lakes, rivers and streams. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Emergency medicine. Marshfield Clinic-Lakeland Center, located in the beautiful Lakeland area of northern Wisconsin is seeking an ER physician. This individual must be BE/BC in FP, IM or EM. This opportunity offers a challenging variety of patients, within a multispecialty group representing thirteen specialties available for back-up. This position offers a 48-hour work week. Compensation includes a competitive salary along with one of the finest fringe benefit packages in the country. Please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty groups of 35. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Allergy – long-established, growing adult/pediatric practice in Chicago suburbs needs new BE/BC associate. Guaranteed salary, immediate percentage of profits, leading to partnership. Benefits include insurance (malpractice, health, life, disability) and pension plans. Minimal office management. Please reply to Box 2192, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Lake Winnebago, Wisconsin area: seeking director, full-time and part-time emergency physicians for low volume 60-bed hospital. Attractive compensation, paid malpractice insurance with unlimited tail coverage and benefit package available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Wanted: family practitioner. Location: one hour SW of Chicago – Marseilles. Beautiful river community. Only six minutes from excellent hospital and staff. My wife and I (five children) have never regretted coming to this area in 1957. One year guaranteed salary: I will phase out at your convenience after introduction to patients. One year paid malpractice insurance. One year paid secretary. One year paid rent. Call 815/795-2122 or 815/795-4600 day/night. H. Kelly Sutton, M.D., or Mrs. Sutton. Talk to us and you will be convinced of the advantages of solo practice. Physician coverage.

Internal medicine and pediatrics: Aspen Medical Group, an 85 physician multispecialty group in Minneapolis/St. Paul, seeks internal medicine and pediatrics associates to join busy, established practices. The Twin Cities is a great place to live, raise a family and to expand one's professional and social horizons. Excellent working conditions with competitive salary and benefit package. Reply: Nancy Borgstrom, Aspen Medical Group, 1020 Bandana Blvd. West, St. Paul, MN 55108, 612/641-7185. EOE.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Medford, Wis.: seeking director, full-time and part-time emergency physicians for moderate volume facility located in northern Wisconsin. Excellent compensation and paid malpractice insurance with unlimited tail coverage. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

West Bend, Wis. – seeking full-time and part-time emergency physicians for 100-bed hospital 35 miles north of Milwaukee. Excellent compensation, paid malpractice insurance with unlimited tail coverage, benefit package and incentive bonus plan available to full-time staff. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Round Lake Beach – seeking director, full-time and part-time physicians for this ambulatory care clinic affiliated with Condell Immediate Care Center in Libertyville. This opportunity offers competitive compensation, paid malpractice insurance with unlimited tail coverage and benefits are available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Pleasant family practice available in relaxed western Illinois community. Proximity to the Mississippi offers abundance of outdoor recreational facilities. Opportunity involves a solo, partnership or group practice; benefits may include an income guarantee, financial incentives, relocation assistance, exceptional call coverage and more. Call 1-800-969-7715, Dan Jones, Gielow/Laske Associates, 306 N. Milwaukee St., Milwaukee, WI 53202.

Full-time faculty position, Quincy. Quincy Family Practice Residency Program – Southern Illinois University affiliated. BC/BE and obstetric experience required. New opening created by program expansion. Send letter and CV to Terry G. Arnold, M.D., Quincy Family Practice Center, 2325 Elm St., Quincy, IL 62301. Southern Illinois University is an Equal Employment Opportunity and Affirmative Action Employer.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

SE Wisconsin lake country – qualified FP's and internists needed to join prospering practices with many new patients seeking care. Shared call and coverage, capable board certified colleagues, first-class hospital, rewarding and satisfying lifestyle close to Milwaukee, Madison and Chicago. Please contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Staff physician. Outpatient clinic seeks qualified physician to provide medical care, including treatment of minor emergencies, acute illnesses, routine physical exam and injuries, for Western Illinois University. Competitive salary. Excellent benefits, including regular work hours, free tuition, paid malpractice, vacation and sick leave and retirement. Expected starting date fall 1991. Please submit a letter of application, along with three letters of reference and a resume by May 3 to: Jaime Cercone, M.D., Medical Chief of Staff, Beu Health Center, Macomb, IL 61455. Ethnic minorities, women and handicapped persons are encouraged to apply.

Illinois (Chicago, west and central areas): seeking emergency medicine physicians for full-time and locum tenens opportunities in attractive moderate volume facilities. Directorships also available. Competitive hourly rates, paid malpractice insurance with unlimited tail coverage and flexible scheduling. Benefit package available to full-time physicians. For more information contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Nephrology: completing fellowship June, 1991, board certified in internal medicine. Interested in full-time opportunity in nephrology in the Chicago or suburban area. Reply to Vinitha Raj, 82-30, 262nd St., Floral Park, NY 11004; 718/470-6982.

Board-certified Ob/Gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Family practice. Net \$150,000. Columbia, popula- tion 5,000. 15 minutes to downtown St. Louis. Trained staff. Modern office, x-ray, lab; leased from 430-bed Belleville hospital. Be your own boss, room to add an associate. Physician wishes to relocate out of state. Call office 618/281-7955.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

Family practice/pediatrics, two-physician practice, established 17 years, grossing \$500,000-plus, in progressive community one hour's drive southwest of Chicago. Numerous recreational opportunities, good schools and modern hospital. Terms negotiable. Relocating. Send inquiries to Box 2190, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Successful internal medicine practice for sale in the Chicago Loop. This 7-year-old practice is grossing over \$200,000 annually. 670 square foot office has two exam rooms. Well-trained staff will remain. Call for more details. Professional Practice Sales, 540 Frontage Rd., Northfield, IL 60093; 708/441-6111.

For sale: Abbott Vision System, Nova Celltrak II, excellent condition. Call 309/762-0529, ask for Patt.

For sale. Two examination tables, EK-8 EKG machine and many small items. Call 812/299-8811.

For sale: low volume bariatric practice. Northern Illi- nois, 45 miles from Chicago. Three rooms equipped for general medicine. Low rent. Good starting opportunity for young physician. Growing area. Will finance, no money down, low price. Call 708/223-2061, leave message.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Office space, fully equipped and furnished, new building. Chicago's Six Corners area, rent includes heat, electric, telephone, year to year lease \$450/month. Call 312/685-8400.

Medical office building in downtown Collinsville for lease or purchase. 2,600 square feet includes five examination rooms, x-ray room, lab room, ample parking. Phone 618/346-4707.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Bogged down with dictation? 24 hour phone in cen- tral dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Free. Office management analysis – your office sys- tem demonstration – our office. Learn – why cash flow security is essential and how to get it – what office business functions should be integrated for maximum efficiency – where to get confidential advice and state-of-the-art systems – when to make changes – how to get MD productivity information and make referral source data – much more. University Practice Management, Inc., 800 S. Wells, Suite M5, Chicago, IL 60607. Fifty years of combined experience. Chris Flowers, President. 312/431-3344.

Why does
**JACKSON &
COKER**
recruit more
physicians
each year
than any other
company?

❑ Largest pool of available
physicians in the nation

❑ Network of 7 regional offices
nationwide

❑ Expertise that produces
unparalleled results in recruiting
quality physicians

❑ Proven system that produced
over 1,000 placements in the last 3
years.



**JACKSON
AND COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

P R O V I D I N G

SERVICE

T O I L L I N O I S P H Y S I C I A N S

SINCE 1976, OUR ONLY BUSINESS HAS BEEN TO PROVIDE PROFESSIONAL LIABILITY INSURANCE SERVICES TO YOU, THE ILLINOIS PHYSICIAN, THROUGH...

UNDERWRITING: YOU WORK DIRECTLY WITH THE EXCHANGE, NOT AGENTS, TO OBTAIN THE COVERAGE YOU NEED.

RISK MANAGEMENT: OUR RISK MANAGEMENT EDUCATION AND COUNSELING SERVICES ARE DESIGNED TO MEET YOUR INDIVIDUAL NEEDS.

CLAIMS: YOUR CLAIM IS GUIDED BY A STRONG DEFENSE TEAM WHO WORKS FOR YOU AND WITH YOU EVERY STEP OF THE WAY.

PROVIDING SERVICE TO OUR 10,000 INSURED PHYSICIANS IS OUR ONLY BUSINESS.

ILLINOIS STATE
MEDICAL

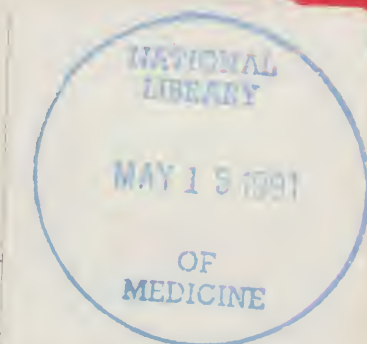


INTER-
INSURANCE
EXCHANGE

Illinois Medicine

May 10, 1991

ILLINOIS STATE MEDICAL SOCIETY



ISMS annual
meeting highlights

Delegates debate health care issues



PHYSICIAN participation in state executions, opposition to the National Practitioner Data Bank, practice parameters and helmets for motorcyclists were among the issues ad-

dressed by the 1991 Illinois State Medical Society's House of Delegates at its annual meeting April 12-14 in Rosemont.

The delegates debated 56 resolutions, elected officers and trustees, and were entertained at President's Night by Washington, D.C.'s popular satirical troupe The Capitol Steps during the three-day conference at the Westin O'Hare Hotel.

Robert M. Reardon, M.D., of Bloomington, was installed as 1991-92 ISMS president, succeeding James H. Andersen, M.D., of Oak Brook. And after two terms presiding over the House of Delegates, Speaker of the House Joan E. Cummings, M.D., of Hines, turned the gavel over to Vice Speaker Raymond E. Hoffmann, M.D., of Rockford. Debate on the issues was at times intense, but on the whole, observers said, it was one of the smoothest annual meetings in recent memory.

Physician participation in state executions

The House set new policy when it proclaimed unethical physician participation in state executions, even as a witness. Minimal debate centered on amending the resolution to clarify "participation" to include "medication prescribing capacity or monitoring capacity when pronouncing death after termination of the procedure by the executioner."

The resolution does permit physicians who maintain physician-patient relationships with prisoners awaiting execution to provide "sup-

(continued on page 18)



Above: Robert M. Reardon, M.D., of Bloomington, was installed April 14 as ISMS president at the society's annual meeting in Rosemont. See additional coverage in this issue.

Right: The Capitol Steps, a satirical musical troupe, performed at President's Night during the annual meeting.



General Assembly considers health-related bills



WITH FEWER than 60 days left on the official legislative calendar, lawmaking is the only game in town these days in Springfield.

More than 800 - or about 20 percent - of the proposed bills are health related.

Mandatory assignment is the subject of no less than five bills before the General Assembly this session. Although none of the House survived the committee vote, it is likely supporters, which in past ses-

sions have included the American Association of Retired Persons, are likely to lobby to have the ban on balance billing attached as an amendment to another bill.

Bills introduced in both the House and Senate would establish a **universal access health care** system in the state. When the House version of this proposal failed to move out of committee, bill sponsor Anthony Young (D-Chicago) promised to attach the proposal as an amendment to a health or insurance bill before the House.

Legislation regulating **tanning par-**

lors has moved out of committee and is now before the House. Sponsored by Reps. Alfred G. Ronan (D-Chicago) and Frank Giglio (D-Calumet City), the bill reflects patient safety concerns arising from the 1990 ISMS House of Delegates.

Echoes of the past

Several of last session's "lost causes" have resurfaced this session.

Legislation that would establish a pilot program of **Post-Surgical Recovery Centers** has been introduced. The centers would provide care to

(continued on page 22)

In this issue

News briefs.....	2
Funds honor physician killed in Gulf war	2
On the legislative scene	3
Letters to the editor	5

Case in point	6
Auxiliary strives for unity, education	16
Robert M. Reardon, M.D., profile	17

802 SF 208 ***** 3 DIGIT 11913
0429 IM
NATIONAL LIB OF MEDICINE
INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

News Briefs

5,000th AIDS case reported to IDPH

The Illinois Department of Public Health in March announced the report of the state's 5,000th AIDS case. According to IDPH Director John R. Lumpkin, M.D., 88 of Illinois' 102 counties have reported an AIDS case or an HIV infection to the department.

Dr. Lumpkin said the first 2,500 AIDS cases were reported from 1981-89. He projects the state's 10,000th AIDS case will be reported sometime in early 1993.

"This deadly disease continues to extract an intolerable toll of human suffering," he said. "In addition to the rising number of deaths and disability, the economic costs of AIDS in lost wages, productivity, taxes and health care are staggering."

As the number of reported AIDS cases in Illinois grows, the demographics of the typical AIDS patient is changing. While the disease originally affected mostly homosexual or bisexual white males, an increasing number of African-American and Hispanic intravenous drug users are becoming HIV infected and contracting AIDS. In 1990, half of the reported AIDS cases in Illinois were among minorities. Before 1986, minorities accounted for only one-third of the state's reported AIDS cases.

The percentage of Illinois women with AIDS has remained fairly constant, according to IDPH. Of the AIDS cases reported after March 1989, 7 percent were women, compared with 6 percent before 1989. In addition, most of the state's AIDS

cases - 89 percent - are in the metropolitan Chicago area.

The fatality rate of AIDS cases continues to climb in Illinois, Dr. Lumpkin added. He projects AIDS will become one of the leading causes of death for males aged 20-49 this year. IDPH officials stressed that reporting AIDS cases is necessary to effectively target resources for prevention and treatment.

Nominations open for Henry B. Betts Award

Nominations are still open for the 1991 Henry B. Betts Award. In its second year, the \$50,000 award given by the Prince Charitable Trusts annually recognizes an individual for contributions advancing the quality of life for people with disabilities.

Established last year to honor his 25th anniversary at the Rehabilitation Institute of Chicago, the award recognizes Dr. Betts' dedication to his patients and his pioneering leadership in rehabilitation medicine. An Illinois State Medical Society member, Dr. Betts serves as medical director and chief executive officer of the Rehabilitation Institute.

Deadline for entries is May 21. The 1991 award winner will be announced this fall during a presentation at the Library of Congress in Washington, D.C. To obtain a nomination form, contact The Henry B. Betts Award, 303 E. Wacker Drive, Suite 1031, Chicago, Ill. 60601; or call (312) 616-1006. ▲

- Compiled by Tamara Strom



Maj. Thomas Koritz Jr., M.D., with his wife Julianne and sons Timmy, Jon and Scott.

Funds honor memory of physician killed in Gulf war

THE MEMORY OF Maj. Thomas Koritz Jr., M.D., an Air Force fighter pilot and flight surgeon killed in the Persian Gulf war, will be honored with the creation of memorial and trust funds.

An Illinois native who was based in Goldsboro, N.C., Dr. Koritz was the son and son-in-law of two Illinois physicians. His father, Thomas Koritz, M.D., of Rochelle, and his father-in-law, Maurice Carlisle, M.D., of Belvidere, are family physicians. His brother Tim is attending medical school in New Mexico on an Air Force scholarship.

Dr. Koritz started flying in high school and "couldn't get the bug out of his system," said Dennis Norem, M.D., a friend and former classmate of Dr. Koritz. "Tom really had two loves - being a physician and a pilot." Dr. Koritz, one of five active physician pilots in the Air Force, planned to continue his medical training after military service.

Dr. Norem presented a memorial resolution April 12 during the Illinois State Medical Society House of Delegates meeting paying tribute to the deceased physician. The resolu-

tion also recognized Air Force Capt. Stephen Phillis, son of Richard Phillis, M.D., a Rock Island internist. Phillis died Feb. 15 on a mission in the Gulf. The service of all ISMS member physicians called to active duty also was recognized.

The Maj. Thomas Koritz Jr., M.D., Memorial Fund will provide a special recognition award and/or an annual scholarship to a medical student at the UI College of Medicine at Rockford. Recipients will be selected for their outstanding qualities in the human side of medicine - concern, caring and communication - said Dr. Norem.

A trust fund will provide support for the physician's three sons - Timothy, 8; Jon, 6; and Scott, 4 - who live with their mother, Julianne.

The Winnebago County Medical Society, the University of Illinois College of Medicine at Rockford and the Koritz family established the funds. Contributions may be sent in care of Dr. Norem, 10762 Shaw Road, Rockford, Ill. 61111. Donors are requested to specify the fund to which they are contributing. ▲

- Sean McMahan

Physician Facts

AIDS education in our schools

An increasing number of states mandate or recommend that school districts provide education about AIDS. States' policies:

State	Mandate	Recommend	State	Mandate	Recommend
Alabama	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alaska	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Arizona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nevada	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input checked="" type="checkbox"/>	<input type="checkbox"/>
California	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New Jersey	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New Mexico	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New York	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delaware	<input checked="" type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Florida	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oregon	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Idaho	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Illinois	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Indiana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Iowa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kansas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
Kentucky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Texas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Louisiana	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utah	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermont	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maryland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Virginia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Massachusetts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washington	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Michigan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Minnesota	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mississippi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wyoming	<input type="checkbox"/>	<input type="checkbox"/>
Missouri	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TOTAL	33	15

Source of Data: National Association of State Boards of Education; USA Today.

Policy renewal invoices to be mailed May 10

Illinois State Medical Inter-Insurance Exchange first-quarter policy renewal notices are being sent to policyholders May 10. Payment of first-quarter premiums is due July 1. See the next issue of *Illinois Medicine* for more information regarding the 1991-92 policy year billing cycle.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

On the Legislative Scene

BILLS introduced in the Illinois House of Representatives during the General Assembly's spring session finished the first leg of the legislative journey April 24 when representatives voted either to send bills to the floor or keep them in committee. The Senate deadline for reporting bills out of committee is May 10.

Bills that failed to be voted out of committee could resurface on the floor as amendments to other bills later in the session.

Universal health ... H.B. 300, the Illinois Public Action-proposed plan for providing all Illinois citizens with uniform, totally state-financed health care insurance, failed 11-6 to clear the House Insurance Committee. Twelve votes were required to endorse the bill; three committee members voted present. The current IPA cost estimate to finance the system is \$27.5 billion a year. To fund the system, the state would seek waivers from the federal government to redirect funds from Medicare and Medicaid and raise personal income taxes by 5 percent, bringing the total tax rate to 8 percent. A 7 percent increase in business payroll taxes also would be necessary.

The Illinois State Medical Society has consistently opposed the legislation. Bill proponents, however, were undaunted by the narrow defeat, vowing to amend another bill to force a floor debate. The Senate version was scheduled to be heard by the Public Health, Welfare and Corrections Committee May 3.

Mandatory assignment ... All five mandatory assignment bills failed to clear committee. H.B. 1378 and H.B. 1127 were both tabled for the current session, while H.B. 1790, H.B. 2025 and H.B. 2159 were placed on the interim study calendar in their respective committees. Mandatory assignment means that physicians would have to accept the Medicare allowable amount as payment in full. Springfield observers project one or all bills may resurface as amendments to other legislation.

Post-surgical recovery centers ... Legislation to establish a pilot program of several post-surgical recovery centers around the state cleared the House Health Care Committee. The ISMS House of Delegates adopted a resolution at its April annual meeting endorsing the concept. A Senate version of the bill was tabled by the Public Health, Welfare and Corrections Committee.

Tanning parlors ... Legislation to regulate tanning parlors cleared the House Consumer Protection Committee, encountering little opposition. Supported by ISMS and the Illinois Dermatological Society, the bill, H.B. 1853, is sponsored by Rep. Alfred G. Ronan (D-Chicago) and Rep. Frank Giglio (D-Calumet City).

Allied health professionals ... Several bills seeking to broaden the scope of care provided by allied health professionals have been introduced. H.B. 284, which would permit licensure of professional counselors and clinical professional counselors cleared the House Registration and Regulation Committee.

Three other allied health bills, however, did not make it to the floor. The House Consumer Protection Committee defeated H.B. 893,



which would permit optometrists to prescribe therapeutic drugs. Like-

wise, two chiropractic bills, one to grant hospital privileges to chiropractors and one to permit chiropractors to perform physical exams for school-age children, were defeated by the House Registration and Regulation and House Health Care committees.

Medicaid reform ... H.B. 1000, supported and extensively promoted in the past several months by the Illinois Hospital Association, would reform the state Medicaid system by converting to a hospital reimbursement system based on Medicare diagnosis-related groups (DRGs). The bill has cleared the House Human Services Committee. IHA estimates the new system will cost an additional \$300 million, half of which would come from the federal government.

Third party payers ... A coalition of

business, labor and insurance groups support H.B. 1626, which cleared the House Insurance Committee. The bill would prohibit physicians, dentists and other health care professionals from setting charges for services solely on the identity or classification of the payer. Hospitals, HMOs and PPOs, Medicare and Medicaid would be exempt from the legislation, however.

Definition of death ... A bill, H.B. 36, to define death as "irreversible cessation of circulatory and respiratory functions or all functions of the entire brain," is on third reading in the House. ISMS supports the bill, sponsored by Rep. Grace Mary Stern (D-Highland Park). ▲

Kevin O'Brien and Caryl Carstens contributed to this article.

Blue Cross[®] Blue Shield[®]



REPORT

FOR *Illinois Physicians*

FOR THE MPP/PPO PHYSICIAN/PROVIDER - IMPORTANT BILLING INFORMATION FROM BCBSI

Blue Cross and Blue Shield of Illinois (BCBSI) would like to take this opportunity to reiterate the following important billing information to the more than 11,000 physicians/providers participating in BCBSI's Mutual Participating Provider (MPP) and Participating Provider Option (PPO) programs:

MPP PARTICIPANT

The Mutual Participating Provider (MPP) program contract specifies that the MPP physician/provider bill BCBSI only and not the BCBSI subscriber for services that are contractually eligible under the subscriber's usual and customary (U & C) contract. While the physician/provider may bill the subscriber for contractually ineligible services and for any deductible or coinsurance amounts payable under the subscriber's contract, the MPP physician/provider agrees to accept BCBSI's U & C allowance as full payment for contractually eligible services and agrees not to bill the BCBSI subscriber for covered services in excess of U & C allowances.

For example, if the U & C allowance for a billed, eligible procedure is \$500.00 and there is a 20% coinsurance amount to be paid by the subscriber, BCBSI will issue a \$400.00 payment to the physician/provider and the subscriber will be responsible for the remaining \$100.00.

PPO PARTICIPANT

The PPO physician/provider bills BCBSI only and not the BCBSI subscriber for services that are contractually eligible under the subscriber's PPO contract. While the physician/provider may bill the subscriber for contractually ineligible services and for any deductible or coinsurance amounts payable under the subscriber's contract, the PPO physician/provider agrees to accept the lesser of his/her charges or the maximum allowance according to BCBSI's Schedule of Maximum Allowances as full payment for each service covered under the subscriber's contract. In addition, the PPO physician/provider agrees not to bill the BCBSI subscriber for covered services in excess of maximum allowances according to the Schedule of Maximum Allowances.

For example, if the lesser of the physician/provider's charges and the maximum allowance according to the Schedule of Maximum Allowances for a billed, eligible procedure is \$500.00 and there is a 20% coinsurance amount to be paid by the subscriber, BCBSI will issue a \$400.00 payment to the physician/provider and the subscriber will be responsible for the remaining \$100.00.

If you have questions about the MPP or PPO programs and how they can work for you or for information on electronic submission of your professional claims to BCBSI, please contact BCBSI's Provider Assistance Unit at (312) 938-7340.

(5/10/91)

Editorials

Said and done

For the benefit of those readers who were not there, this issue of *Illinois Medicine* covers the events, the official actions and the activities of the recent annual meeting of the Illinois State Medical Society. A rare blend of town meeting, national political convention and medical school reunion, the annual meeting brings together about 500 physicians, spouses and society staff, then locks them up in a hotel near the airport for three days. (This year Mother Nature cooperated and it rained all weekend until the House adjourned. Staying inside was not a problem.)

For a first-timer, the meeting is an eye-opener. Debate over the issues can be passionate – but never intemperate. Delegates can disagree violently – and politely. Resolutions are amended editorially, by substitution and by addition and, in at least one case, the heartily adopted final draft bore no resemblance to the original except for its number and title.

In one room, more than 1,950 years of medicine sat down to lunch as 39 members of the society's Fifty-Year Club gathered to share memories. In another ballroom a political satire nightclub act poked fun at everyone and everything in Washington with the exception of the First Dog. What did Margaret Tutwiler do to deserve such calumny?

But the real purpose of the meeting was served in the House of Delegates, through the process of reference committees and caucus meetings. After the politics, after the social events, after the elections, delegates "good and true" debated, considered and voted. And in the end, when all was said and done, the society began a new year, of sorts, in April. Having had the benefit of hearing the debate, listening to the delegates and members air their concerns and present their opinions, the society has new direction, new emphasis and a new sense of what organized medicine in the state of Illinois is thinking about.

Like most successful ISMS projects, it's the volunteers who make the difference, who give the meeting its special edge. They are all hereby duly thanked and honored.

But the most important people – you – may not have been there. Think about making it a priority on your calendar for next year. Several county medical societies are short of alternate delegates, and you don't have to be a delegate to testify at the reference committee hearings or observe the House of Delegates.

Reading about the elections, the resolutions and the events of the annual meeting will tell you what happened – but the printed page is inadequate to provide the sense of excitement that pervades this yearly undertaking. Make the 1992 annual meeting a part of your plans for next year.

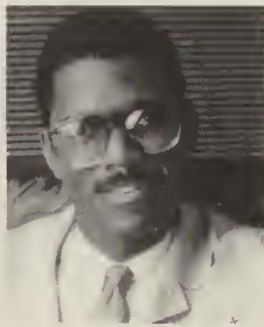
In the meantime, happy new year! ▲



"Stop writing me reminder notes while I'm on the phone!"

Guest Editorial

Spring in Springfield: "open season" on health care



by Terry Mason, M.D.

Spring is here, and Illinois legislators in Springfield are busy making new laws. As the 1991 General Assembly session heats up, a wide array of special interests are challenging organized medicine and quality health care. We physicians have no choice: we must get informed and get involved.

Two bills demand our immediate attention: universal health care and mandatory assignment.

Universal health care legislation is being debated in both the House and the Senate. If passed, these bills would set up a Canadian-style state government-run health insurance system; abolish private insurance and pre-empt Medicare and Medicaid as reimbursement sources; establish an oversight board to decide hospital budgets and physician compensation; more than double personal income taxes and raise other taxes substantially.

Mandatory assignment is a perennial – but serious – challenge to medicine's autonomy. This session, five separate proposals have been dropped in the hopper that would ban balance billing for Medicare patients.

Yet another threat to quality patient care is H.B. 578, which sponsors position as a way to help secure physicians for medically underserved areas of the state. The bill would authorize the Medical Licens-

ing Board to issue conditional licenses to individuals who "substantially" meet license requirements and agree to practice in underserved areas. ISMS opposes this measure because conditional licensure is a risk to the public. Securing physicians for underserved communities is poor rationale for reducing standards.

In addition to fending off the opposition, ISMS is pressing this year for important preventive health measures, including tanning parlor regulation and mandatory use of helmets for motorcyclists. S.B. 22 mandates that all motorcyclists and their passengers wear helmets. Opposition will come from some motorcyclists, but passage is expected.

A 1990 House of Delegates resolution called on ISMS to press for legislation regulating Illinois tanning parlors, and H.B. 1853 authorizes the Illinois Department of Public Health to promulgate rules for such facilities. It's time to prevent the damage tanning parlors inflict.

Legislation concerning life-sustaining treatment is also high on Illinois' legislative agenda this year. H.B. 1151 creates the Decisions to Forgo Life-Sustaining Treatment Act and S.B. 1092 would create the Health Care Surrogate Act. These bills, expected to generate widespread debate over the next several weeks, set standards and conditions for making private decisions on forgoing life-sustaining treatment.

As concerned citizens, patient advocates and health care professionals, we must continue our fight for a quality health care system. We can successfully lobby against legislation that threatens to cripple the current system. We can introduce legislation that will improve quality health care delivery and foster prevention. But we must remember that our individual commitment is organized medicine's most crucial resource.

Take time out of your schedule this week to contact your legislator. The main switchboard number for the General Assembly is (217) 782-2000. The time is now. ▲

Dr. Mason, a Chicago urologist, chairs the ISMS Governmental Affairs Council.

Illinois Medicine

VOLUME 3, NUMBER 9

MAY 10, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrast, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



Illinois Medicine welcomes letters on topics of interest to our readers. Write us at Letters to the Editor, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Letters of any length will be considered for publication, but we reserve the right to edit for space.

Meningococcal response a poor precedent

A recent *Illinois Medicine* story concerning the meningococcal-related deaths at the University of Illinois at Urbana-Champaign praised the University Health Service for its handling of this so-called "epidemic."

Certainly, the intentions of the University Health Service were good, but the reaction to these two isolated cases went way beyond the normal measures of disease control, representing "public health overkill" and establishing poor precedents.

The response by the university, where I happen to serve on the faculty, was far beyond what was needed to react to the two isolated cases. The panic that was touched off by giving out rifampin like it was candy hit throughout central Illinois. Even in my private practice in Decatur I had patients who wanted to get rifampin because they had either been in contact with UI students or had been in Champaign sometime during the epidemic.

At the same time that Champaign had two meningococcal cases, Decatur had a meningococcal case at Millikin University that was quietly handled; only 35 people received rifampin prophylaxis. There were no secondary cases and there was no panic in the community.

I take exception to the indiscriminate policy to hand out an antibiotic – which can cause birth defects and liver toxicity and render birth control ineffective – to people who did not need the medication because they did not have close contact with infected index cases.

Just because there was parental pressure to prescribe chemoprophylaxis does not mean that poor public health practice should be taken. I wonder what the university is going to do if someone has an adverse reaction to the rifampin and files a legal action for inappropriate administration of this medication.

David J. Fletcher, M.D., M.P.H.
Clinical Assistant Professor
University of Illinois



McLean County Medical Society honors ISMS and Auxiliary presidents

Illinois State Medical Society President Robert M. Reardon, M.D., and ISMS Auxiliary President Gayle Dustman were honored April 21 in Bloomington at a reception hosted by the McLean County Medical Society.

McLean County enjoys the unique honor of claiming hometown status for concurrent ISMS and Auxiliary presidents. Joining county society members at the reception were Fred Z. White, M.D., vice chairman of the Illinois State Medical Inter-Insurance Exchange Board of Governors, Mayor Jesse Smart of Bloomington, and Mayor Paul Harmon of Normal. ▲

The nitrate your patients will stick with



TRANSDERM-NITRO
0.2 MG/HR

Apart from all other nitrates, patients stick with the Transderm-Nitro regimen.

Simple, once-daily patch application

Patient-preferred 7 to 1 for convenience compared with oral nitrates
(12% had no preference, n=4,300)¹

Easy-to-handle nonadhesive tab

See revised Dosage and Administration section in brief summary of Prescribing Information on the following page.

All transdermal nitroglycerin products are being marketed pending final evaluation of effectiveness by the FDA.

Transderm-Nitro[®]
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr*



Summit Pharmaceuticals
Division of CIBA-GEIGY Corporation

At the heart of nitrate compliance

*Formerly designated as 2.5 mg/24 hr, 5 mg/24 hr, 10 mg/24 hr, 15 mg/24 hr.

© 1991, Summit. 629-4237-A

CASE in POINT

by Carol Brierly Golin

• The only patch with an easy-open tab

Easy to apply — Easy to remove

Available in four convenient strengths

Patches shown are not actual size.

Transderm-Nitro® nitroglycerin Transdermal Therapeutic System

Revised Dosage Information

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE
This drug product has been conditionally approved by the FDA for the prevention of angina pectoris due to coronary artery disease. Tolerance to the antianginal effects of nitrates (measured by exercise stress testing) has been shown to be a major factor limiting efficacy when transdermal nitrates are used continuously for longer than 12 hours each day. The development of tolerance can be altered (prevented or attenuated) by use of a noncontinuous (intermittent) dosing schedule with a nitrate-free interval of 10-12 hours. Controlled clinical trial data suggest that the intermittent use of nitrates is associated with decreased exercise tolerance, in comparison to placebo, during the last part of the nitrate-free interval; the clinical relevance of this observation is unknown, but the possibility of increased frequency or severity of angina during the nitrate-free interval should be considered. Further investigations of the tolerance phenomenon and best regimen are ongoing. A final evaluation of the effectiveness of the product will be announced by the FDA.

CONTRAINDICATIONS
Allergic reactions to organic nitrates are extremely rare, but they do occur. Nitroglycerin is contraindicated in patients who are allergic to it. Allergy to the adhesives used in nitroglycerin patches has also been reported, and it similarly constitutes a contraindication to the use of this product.





WARNINGS
The benefits of transdermal nitroglycerin in patients with acute myocardial infarction or congestive heart failure have not been established. If one elects to use nitroglycerin in these conditions, careful clinical or hemodynamic monitoring must be used to avoid the hazards of hypotension and tachycardia. A cardioverter/defibrillator should not be discharged through a paddle electrode that overlies a Transderm-Nitro patch. The arcing that may be seen in this situation is harmless in itself, but it may be associated with local current concentration that can cause damage to the paddles and burns to the patient.

PRECAUTIONS
General
Severe hypotension, particularly with upright posture, may occur with even small doses of nitroglycerin. This drug should therefore be used with caution in patients who may be volume depleted or who, for whatever reason, are already hypotensive. Hypotension induced by anginal attacks during the nitrate-free interval may be accompanied by paradoxical bradycardia and increased angina pectoris. Nitrate therapy may aggravate the angina caused by hypertrophic cardiomyopathy. As tolerance to other forms of nitroglycerin develops, the effect of sublingual nitroglycerin on exercise tolerance, although still observable, is somewhat blunted. In industrial workers who have had long-term exposure to unknown (presumably high) doses of organic nitrates, tolerance clearly occurs. Chest pain, acute myocardial infarction, and even sudden death have occurred during temporary withdrawal of nitrates from these workers, demonstrating the existence of true physical dependence. Several clinical trials in patients with angina pectoris have evaluated nitroglycerin regimens which incorporated a 10-12 hour nitrate-free interval. In some of these trials, an increase in the frequency of anginal attacks during the nitrate-free interval was observed in a small number of patients. In one trial, patients demonstrated decreased exercise tolerance at the end of the nitrate-free interval. Hemodynamic rebound has been observed only rarely; on the other hand, few studies were so designed that rebound, if it had occurred, would have been detected. The importance of these observations to the routine, clinical use of transdermal nitroglycerin is unknown. **Information for Patients** Daily headaches sometimes accompany treatment with nitroglycerin. In patients who get these headaches, the headaches may be a marker of the activity of the drug. Patients should resist the temptation to avoid headaches by altering the schedule of their treatment with nitroglycerin, since loss of headache may be associated with simultaneous loss of antianginal efficacy. Treatment with nitroglycerin may be associated with lightheadedness on standing, especially just after rising from a recumbent or seated position. This effect may be more frequent in patients who have also consumed alcohol.

This edition of “Case in Point” is not based on actual claims data, but it relates to a very serious problem – the impaired physician. The cases cited here are hypothetical, but the problems represented are very real. What do you suspect the problems are?

Case #1

The developing scenario – Over time, the behavior of one of the physicians in your practice changes. Some days he arrives late, talks too loudly, berates staffers for no apparent reason, dispatches patients quickly and leaves early. Other days he is morose and aloof, avoiding any personal conversations.

	0.1 mg/hr... Formerly designated as 2.5 mg/24 hr
	0.2 mg/hr... Formerly designated as 5 mg/24 hr
	0.4 mg/hr... Formerly designated as 10 mg/24 hr
	0.6 mg/hr... Formerly designated as 15 mg/24 hr

After normal use, there is enough residual nitroglycerin in discarded patches that they are a potential hazard to children and pets. A patient leaflet is supplied with the systems. **Drug Interactions** The vasodilating effects of nitroglycerin may be additive with those of other vasodilators. Alcohol, in particular, has been found to exhibit additive effects of this variety. Marked symptomatic orthostatic hypotension has been reported when calcium channel blockers and organic nitrates were used in combination. Dose adjustments of either class of agents may be necessary. **Carcinogenesis, Mutagenesis, Impairment of Fertility** No long-term animal studies have examined the carcinogenic or mutagenic potential of nitroglycerin. Nitroglycerin's effect upon reproductive capacity is similarly unknown. **Pregnancy Category C** Animal reproduction studies have not been conducted with nitroglycerin. It is also not known whether nitroglycerin can cause fetal harm when administered to a pregnant woman or whether it can affect reproductive capacity. Nitroglycerin should be given to a pregnant woman only if clearly needed. **Nursing Mothers** It is not known whether nitroglycerin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when nitroglycerin is administered to a nursing woman. **Pediatric Use** Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to nitroglycerin are generally dose-related, and almost all of these reactions are the result of nitroglycerin's activity as a vasodilator. Headache, which may be severe, is the most commonly reported side effect. Headache may be recurrent with each daily dose, especially at higher doses. Transient episodes of lightheadedness, occasionally related to blood pressure changes, may also occur. Hypotension occurs infrequently, but in some patients it may be severe enough to warrant discontinuation of therapy. Syncope, crescendo angina, and rebound hypertension have been reported but are uncommon. Extremely rarely, ordinary doses of organic nitrates have caused methemoglobinemia in normal-seeming patients. Methemoglobinemia is so infrequent at these doses that further discussion of its diagnosis and treatment is deferred (see Overdosage). Application-site irritation may occur but is rarely severe. In two placebo-controlled trials of intermittent therapy with nitroglycerin patches at 0.2 to 0.8 mg/hr, the most frequent adverse reactions among 307 subjects were as follows:

	Placebo	Patch
Headache	18%	63%
Lightheadedness	4%	6%
Hypotension, and/or syncope	0%	4%
Increased angina	2%	2%

OVERDOSAGE
Hemodynamic Effects
The ill effects of nitroglycerin overdose are generally the result of nitroglycerin's capacity to induce vasodilatation, venous pooling, reduced cardiac output, and hypotension. These hemodynamic changes may have protean manifestations, including increased intracranial pressure, with any or all of persistent throbbing headache, confusion, and moderate fever; vertigo; palpitations; visual disturbances; nausea and vomiting (possibly with colic and even bloody diarrhea); syncope (especially in the upright posture); air hunger and dyspnea, later followed by reduced ventilatory effort; diaphoresis, with the skin either flushed or cold and clammy; heart block and bradycardia; paralysis; coma; seizures; and death. Laboratory determinations of serum levels of nitroglycerin and its metabolites are not widely available, and such determinations have, in any event, no established role in the management of nitroglycerin overdose. No data are available to suggest physiological maneuvers (e.g., maneuvers to change the pH of the urine) that might accelerate elimination of nitroglycerin and its active metabolites. Similarly, it is not known which, if any, of these substances can usefully be removed from the body by hemodialysis. No specific antagonist to the vasodilator effects of nitroglycerin is known, and no intervention has been subject to controlled study as a therapy of nitroglycerin overdose. Because the hypotension associated with nitroglycerin overdose is the result of venodilatation and arterial hypovolemia, prudent therapy in this situation should be directed toward an increase in central fluid volume. Passive elevation of the patient's legs may be sufficient, but intravenous infusion of normal saline or similar fluid may also be necessary. The use of epinephrine or other arterial vasoconstrictors in this setting is likely to do more harm than good. In patients with renal disease or congestive heart failure, therapy resulting in central volume expansion is not without hazard. Treatment of nitroglycerin overdose in these patients may be subtle and difficult, and invasive monitoring may be required.

A colleague complains that the doctor failed to make hospital rounds on the weekend he was to cover for the practice. Nurses say they telephoned his home but his wife said he was ill and sleeping. He no longer participates in the community activities he once enjoyed. Late one night he is involved in a car accident, and although police do not ticket him, rumors circulate that he was drunk at the wheel.

Case #2

The developing scenario – A 34-year-old female physician in a small practice becomes noticeably hostile and withdrawn. On occasion she locks

herself in her office for long periods of time. Her marriage breaks up and over a six-month period she fires three different medical assistants. She tries to persuade her colleagues to dispense certain drugs from the office as a service to patients. A physician at the hospital comments on her erratic behavior, noting that she gave three different sets of orders for three patients with similar problems. One night the office is broken into and certain controlled drugs are discovered missing. This prompts a pharmacist to comment to another physician in the practice that, “Dr. X has been using 10 times as much of [a certain prescription drug] as she did last year.”

Case #3

The developing scenario – A respected senior physician seems increasingly forgetful. He fails to order indicated tests or to follow up tests he does order. He no longer keeps adequate notes in the charts, despite a hospital warning to keep his records current. His gait seems unsteady. One night he arrives at the hospital at 2 a.m. to make rounds in a very confused state, slurring his speech. The nursing staff whispers that he is probably drunk.

The diagnoses:
Case #1 – Alcohol or drug addiction
Case #2 – Bipolar mental disorder
Case #3 – Malignant brain tumor

The points these cases make – Each of these physicians is impaired. He or she needs help – help that you and other physicians can provide. An impaired physician who acknowledges that a problem exists, and who completes a treatment program, almost always can be restored to health and return to practice. Failure of loved ones and colleagues to help set this healing process in motion can jeopardize both the physician and his or her patients. Medical liability suits may also occur, involving not only the impaired physician but the doctor's colleagues and hospital.

“The best advice to a physician who suspects a colleague is impaired is, ‘Don’t ignore the problem,’ ” says James C. Leonard, M.D., chairman of the Illinois State Medical Society's Physician Assistance Committee. The committee monitors the society's Physician Assistance Program. “Nobody does an impaired physician a favor by hesitating to get involved or by protecting that individual. That only delays the doctor's own recognition and acceptance of the problem and increases the chances a patient could be harmed. The ISMS Physician Assistance Program stands ready to offer guidance and to actively intervene on request.”

Dr. Leonard and the Physician Assistance Committee offer the following suggestions to physicians who suspect that a colleague may have an addiction problem or a mental or physical illness producing impairment:

- Note any significant behavioral changes in personal and professional conduct. All of the changes described in the three cases above are

Methemoglobinemia
Nitrate ions liberated during metabolism of nitroglycerin can oxidize hemoglobin into methemoglobin. Even in patients totally without cytochrome b₅ reductase activity, however, and even assuming that the nitrate moieties of nitroglycerin are quantitatively applied to oxidation of hemoglobin, about 1 mg/kg of nitroglycerin should be required before any of these patients manifests clinically significant ($\geq 10\%$) methemoglobinemia. In patients with normal reductase function, significant production of methemoglobin should require even larger doses of nitroglycerin. In one study in which 36 patients received 2-4 weeks of continuous nitroglycerin therapy at 3.1 to 4.4 mg/hr, the average methemoglobin level measured was 0.2%; this was comparable to that observed in parallel patients who received placebo. Notwithstanding these observations, there are case reports of significant methemoglobinemia in association with moderate overdoses of organic nitrates. None of the affected patients had been thought to be unusually susceptible. Methemoglobin levels are available from most clinical laboratories. The diagnosis should be suspected in patients who exhibit signs of impaired oxygen delivery despite adequate cardiac output and adequate arterial pO₂. Classically, methemoglobinemic blood is described as chocolate brown, without color change on exposure to air. When methemoglobinemia is diagnosed, the treatment of choice is methylene blue, 1-2 mg/kg intravenously.

DOSAGE AND ADMINISTRATION
The suggested starting dose is between 0.2 mg/hr* and 0.4 mg/hr*. Doses between 0.4 mg/hr* and 0.8 mg/hr* have shown continued effectiveness for 10-12 hours daily for at least one month (the longest period studied) of intermittent administration. Although the minimum nitrate-free interval has not been defined, data show that a nitrate-free interval of 10-12 hours is sufficient (see INDICATIONS AND USAGE). Thus, an appropriate dosing schedule for nitroglycerin patches would include a daily patch-on period of 12-14 hours and a daily patch-off period of 10-12 hours. Although some well-controlled clinical trials using exercise tolerance testing have shown maintenance of effectiveness when patches are worn continuously, the large majority of such controlled trials have shown the development of tolerance (i.e., complete loss of effect) within the first 24 hours after therapy was initiated. Dose adjustment, even to levels much higher than generally used, did not restore efficacy.

PATIENT INSTRUCTIONS FOR APPLICATION OF SYSTEM
A patient leaflet is supplied with each carton.

HOW SUPPLIED

Transderm-Nitro System*	Total Nitro-glycerin System	System Size	Carton Size
0.1 mg/hr	12.5 mg	5 cm ²	30 Systems... NDC 57267-902-26 **30 Systems... NDC 57267-902-42 **100 Systems... NDC 57267-902-30
0.2 mg/hr	25 mg	10 cm ²	**30 Systems... NDC 57267-905-26 **30 Systems... NDC 57267-905-42 **100 Systems... NDC 57267-905-30
0.4 mg/hr	50 mg	20 cm ²	**30 Systems... NDC 57267-910-26 **30 Systems... NDC 57267-910-42 **100 Systems... NDC 57267-910-30
0.6 mg/hr	75 mg	30 cm ²	**30 Systems... NDC 57267-915-26 **30 Systems... NDC 57267-915-42 **100 Systems... NDC 57267-915-30

*Rated release in vivo. Release rates were formerly described in terms of drug delivered per 24 hours. In these terms, the supplied Transderm-Nitro systems would be rated at 2.5 mg/24 hr (0.1 mg/hr), 5 mg/24 hr (0.2 mg/hr), 10 mg/24 hr (0.4 mg/hr), and 15 mg/24 hr (0.6 mg/hr).

Do not store above 86°F (30°C).

Summit Pharmaceuticals

Dist. by: Summit Pharmaceuticals Printed in U.S.A.
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901 C89-46 (Rev. 10/89)

References:
1. Brady EM, Gold OG, Rosenbach HJ. Antianginal efficacy of transdermal nitroglycerin and oral nitrates: The ACTION Study. Cardiovasc Rev Rep. October 1988; 40-44.

indicative of impairment.

- If you suspect impairment, quietly gather information. Write down specific observations with dates. For example, "On Feb. 15, I was in the emergency room and I smelled alcohol on Dr. X's breath. On March 10 in the office, a patient complained to the staff that Dr. X made an inappropriate sexual advance. On May 11, Dr. X failed to cover my patients as previously arranged."

- With whom you discuss the potential problem depends on the circumstances. In a large clinic, designated staff to whom such reports are made and established mechanisms to address them may exist. In a two-person practice, the physician who suspects a problem may consider conferring with the hospital department chairman.

- A physician may call the Physician Assistance Program to report incidents indicative of impairment and to obtain guidance. Anonymity can be preserved if desired. The Physician Assistance Program may have received other reports about the doctor in question, or can quietly gather information to document impairment.

- You may wish to talk to the impaired physician's spouse about the problem. Or, if a physician is a close friend, you might broach the subject with him or her. Physician Assistance Program experts suggest saying, "I am concerned about you because I have seen (a particular kind of behavior). This worries me. Is there something I can help with or something you would like to talk about?" This gentle approach sometimes is effective.

- A confrontation by trained individuals may be necessary to overcome the physician's denial of a problem and start the rehabilitation process. The Physician Assistance Program has trained physicians to respond to intervention requests and work with colleagues, spouses and other involved individuals.

- There must be a "bottom line" to a confrontation. The impairment must be thoroughly documented and the physician must understand that his or her license is in jeopardy or that the hospital will suspend or withdraw privileges unless the doctor seeks immediate treatment. Voluntarily agreeing to seek such treatment does not require a report to licensing or disciplinary authorities, nor is this action reportable to the National Practitioner Data Bank. Malpractice insurers, however, may require the physician to report impairment or treatment of impairment as a condition of coverage.

The program is not a "whistle-blower," Dr. Leonard says. "We don't turn in people to disciplinary and licensing authorities. We are advocates for the physician."

Getting the impaired physician to accept that a problem exists is the program's main purpose. The physician then must consent to undergo physical or psychiatric assessments and enter appropriate treatment, Dr. Leonard says. When the treatment is completed, the program staff helps the physician return successfully to practice.

"We work with and monitor the physician for two to five years," Dr. Leonard says, "and we help create a

paper trail that will document that he or she remains free of the addiction or other problem.

"If you know a physician has a problem and you choose to ignore it, you could face related liability yourself – as a colleague in the practice, as a member of a corporate practice or even as a referring physician," Dr. Leonard adds. "Although it hasn't been tested in court, a physician's referral to an impaired physician in the face of knowledge that an impairment exists could create liability."

State laws protect physicians who perform peer review or try to help impaired colleagues with their problems, Dr. Leonard says, unless these efforts are malicious or designed to

help expand a competing physician's practice.

For more information about the Physician Assistance Program, contact ISMS at (312) 782-1654 or (800) 782-ISMS and ask for the Physician Assistance Program. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

ISMS Physician Help Line

The Physician Help Line is a confidential, physician-directed advocacy service linking mentally or physically impaired physicians and their families with helpful resources. Call the Physician Help Line when someone you know needs help. (312) 580-2499.

Your Rx for
Valium
(brand of diazepam/Roche)

may be open to
seventeen
interpretations...

unless you settle the issue by checking
the "May Not Substitute" box.

VALIUM
brand of
diazepam/Roche

2-mg 5-mg 10-mg
scored tablets

Roche Products
Roche Products Inc.
Manati, Puerto Rico 00701

*According to the Orange Book, 10th ed, US Department of Health and Human Services, 1990, diazepam tablets may be available from as many as 17 companies. Tablets shown represent 5 mg diazepam tablets.

Attention Exchange policyholders:

This is your chance

This is your chance to help us serve you better. The Exchange wants to know what physicians think of the company. A survey research firm, Market Strategies Inc., may be calling you in May to conduct a brief phone interview. Please give them whatever time and cooperation you can. We know you're busy, but the 10 minutes you spend will have a direct impact on improving the Exchange.

Thank you.

Insurance surcharges debated

RESPONDING TO concerns from Illinois State Medical Inter-Insurance Exchange policyholders about surcharges, the ISMS House of Delegates last month adopted policy calling for explanations about how surcharges are levied.

"Although the Exchange in some instances does levy surcharges on policyholders, this is done only after careful scrutiny by the physicians serving on the three Physician Review and Evaluation Panel (PREP) committees," said Harold L. Jensen, M.D., chairman of the Exchange Board of Governors. "Surcharges are assessed by physicians; they are not

arbitrary decisions made by staff. These committee members, like most physicians, recognize that certain chance malpractice occurrences happen and they understand that."

Dr. Jensen stressed that less than 1 percent of Exchange policyholders are assessed a surcharge during any given year. He added that although the Exchange is a service organization, it also must function as a business. Surcharges are just one of several "prudent business practices" the company must follow, he noted.

"Surcharges do reflect the risk worthiness of a policyholder," he said. "But they also indicate that the medical judgment used in a particular situation may not have been acceptable. It is unusual for a surcharge to be assessed absent an indemnity payment."

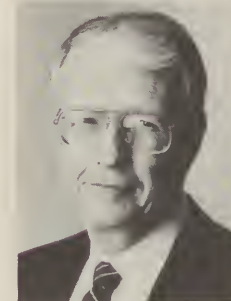
Suspended maternity coverage

Physician delegates rejected a resolution calling on the Exchange to develop guidelines addressing premium payments for physicians taking maternity leaves, citing current policy as sufficient. Existing Exchange rules include maternity leave as an acceptable reason for placing a policy on suspended coverage.

To place a policy on suspended coverage, pregnant physicians can call or write to the Exchange indicating the desire to take a maternity leave. A new bill for 25 percent of the regular base premium for the period the M.D. is not practicing will be issued. Physicians can place their policies on suspended coverage for maternity leave for a minimum of one month and up to one year. ▲

New Exchange officers

Harold L. Jensen, M.D., has been elected chairman of the Exchange Board of Governors. Dr. Jensen is also a Third District trustee, an AMA delegate and chairman of the IM-PAC Council.



Fred Z. White, M.D., has been elected vice chairman of the Exchange Board of Governors. Dr. White, a family physician from Peoria, is immediate past chairman of the Exchange and an ISMS delegate to the AMA.

Irwin A. Smith, M.D., a family physician from Northbrook, was re-elected secretary of the Exchange Board of Governors. Dr. Smith is a fellow of the American College of Sports Medicine and an associate clinical professor of family practice at the Chicago Medical School.

The following were re-elected to the Exchange Board of Governors for the 1991-93 term:

James B. Borgerson, M.D.; Jere E. Freidheim, M.D.; Robert M. Reardon, M.D.; Alan M. Roman, M.D.; Harry A. Springer, M.D.; and Vasanth M. Surath, M.D. ▲

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Office Manager/Contact Person: _____

Options:

Practice Name: _____

☐ Dental

Street: _____

☐ Disability

City/State/Zip: _____

☐ Life

☐ Dependent Life

Telephone: _____

Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

A BRIGHT IDEA TO START WITH...



180^{mg}
Calan[®] SR
(verapamil HCl) **180 mg**
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

ANNUAL
MEETING
1991



received the 1991 Illinois State Medical Society Public Service Awards April 13 at the society's annual meeting.

Dr. Perlmutter, who has been practicing medicine for more than 45 years, was nominated by the Rock Island County Medical Society. An ISMS member emeritus, Dr. Perl-

Surgeon, auxiliary chapter recognized for public service

HAROLD M. PERLMUTTER, M.D., a general and thoracic surgeon from East Moline, and the Peoria Medical Society Auxiliary re-

ceived the 1991 Illinois State Medical Society Public Service Awards April 13 at the society's annual meeting.

Dr. Perlmutter, who has been practicing medicine for more than 45 years, was nominated by the Rock Island County Medical Society. An ISMS member emeritus, Dr. Perl-

mutter has been described as "a caring physician and surgeon who cares for his community as well as his patients." He and his wife Evelyn have been recognized by community groups for their volunteer activities and contributions to numerous charitable organizations. He received the ISMS citation for his community service contributions.

His activities include the creation of a central blood bank, established in cooperation with the Rock Island County Medical Society, and medical director for the county tuberculosis sanitarium. He has served as president and board member for a variety



Left to right: Manuel O. Guerrero, M.D., Moline; Patrick C. Cunningham, M.D., Rock Island; Mrs. Evelyn Perlmutter; George W. Weimar, M.D., Moline; honoree Harold M. Perlmutter, M.D.; Ronald D. Frus, M.D., Moline; and James A. Bull, M.D., Silvis.

of tuberculosis, heart, lung and cancer societies. He is founder and supporter of Black Hawk College and serves on the Board of Directors of the YMCA in East Moline.

Dr. Perlmutter recently was honored at the grand opening of The Work Place in East



Rebecca Whittaker, on behalf of the Peoria Medical Society Auxiliary, accepts the ISMS Public Service Award from ISMS Board Chairman George T. Wilkins Jr., M.D.

Auxiliary efforts commended

Rebecca Whittaker accepted the ISMS Public Service Award on behalf of the Peoria Medical Society Auxiliary. The physician spouses' group was honored for its outstanding programs and efforts in fund-raising, community projects and scholarship funding.

The Peoria Medical Society Auxiliary, which celebrated its 50th anniversary in 1990, created a "Wish Book" itemizing the needs of local human service organizations. The group also developed a teen conference called "The Sky's the Limit," an all-day workshop addressing the issues of self-esteem, sexuality and substance abuse. Members volunteer time and donate funds to the Heartland Community Health Center, which provides care for the medically indigent; they have also raised funds to support a health education center in the county.

Auxiliary members each donate two days a month to the Belwood Nursing Home; they also provide lap robes and support the nursing home's activities fund. Other fund-raising activities provide support to various community organizations including the Peoria Medical Society Charitable and Educational Foundation Scholarship Fund, the Family House and the Northside Office of Christian Response.

Peoria Medical Society Auxiliary President Cecelia Copeland said, "We're a very active auxiliary with many interests and involvements in the community. We work cooperatively because we're all friends and work well together. We're very honored to have been nominated by our medical society for this award. Our presence is to improve our community and the image of medicine in our community." ▲

YOCON[®] YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

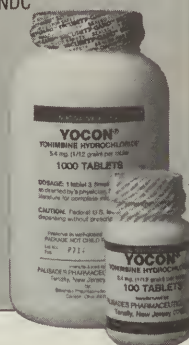
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Get involved and stay involved,

by Kevin O'Brien

A U.S. CONGRESSMAN told physicians they need to increase their involvement in the political process if they want their voices heard in the rising debate over national health care policy.

"The message, if there's a message to go out here today, is you better be involved," Rep. J. Dennis Hastert (R-Yorkville) told physicians attending the Illinois State Medical Society's annual public affairs breakfast April 13. "And you better be involved politically. You better make some pretty tough choices about the kind of peo-



Rep. J. Dennis Hastert

ple you put in the legislature and the kind of people you put in the Congress. And that's certainly within your purview. You're a very active association."

Hastert, who represents Illinois' 14th Congressional District, is a member of the powerful Energy and Commerce Committee,

which reviews almost 60 percent of all legislation eventually reaching the House floor. He also serves on the Health Subcommittee. Prior to his election to Congress, he served three terms in the Illinois General Assembly.

ISMS House of Delegates elects officers, trustees for 1991-92

The Illinois State Medical Society House of Delegates elected new officers and trustees April 14 during the society's annual meeting in Rosemont.

Robert M. Reardon, M.D., of Bloomington, was installed as president. Dr. Reardon, who received his medical degree from the State University of New York, Downstate Medical Center at Brooklyn, is a board-certified ophthalmologist. He is a past president of the McLean County Medical Society and has served as ISMS first vice president and speaker of the House of Delegates. A member of the Illinois Wesleyan University Board of Trustees since 1978, Dr. Reardon currently serves as that board's vice president.

President-elect **Arvind K. Goyal, M.D.**, a family physician from Itasca, will serve as chairman of the Committee on Planning and Priorities for the next year and will be inaugurated as ISMS president in April 1992. Dr. Goyal, who is in private practice, is president of the medical staff at Northwest Community Hospital, Arlington Heights, and a member of the medical staff at Alexian Brothers Medical Center, Elk Grove Village. Currently serving as the vice chairman of the Illinois Medical Licensing Board, Dr. Goyal is also president of the Chicago Medical Society.

George T. Wilkins Jr., M.D., was re-elected chairman of the Illinois State Medical Society Board of Trustees. A pediatrician from Edwardsville, he is trustee for the

Sixth District. Dr. Wilkins is an ISMS past president and past chairman of IMPAC, the society's Political Action Committee.

Arthur R. Traugott, M.D., an Urbana psychiatrist, was elected first vice president. A member of the attending staff at Carle Foundation Hospital, Urbana, and Carle Pavilion, Champaign, Dr. Traugott is the head of the Division of Psychiatry at the Carle Clinic Association and serves as medical director of the Carle Pavilion. He is past president of the Champaign County Medical Society and served as ISMS first vice president from 1985-86. Dr. Traugott was Eighth District trustee for the past five years, and has been a member of the Illinois delegation to the American Medical Association since 1982.

Hugo R. Velarde, M.D., a family physician from Highland Park, was elected second vice president. Dr. Velarde is chairman of the family practice department at St. Elizabeth's Hospital, Chicago, and is faculty coordinator of the family practice residency program there. Dr. Velarde is past president of the Bolivian Medical Society and of the Chicago Medical Society, Northwest Branch. He is chairman of the Cook County Council on Family Physicians and a member of the governor's Medical Advisory Committee.

Alfred J. Clementi, M.D., a general surgeon from Arlington Heights, was re-elected secretary-treasurer. Dr. Clementi is a past president of the medical staff at Northwest

Community Hospital and past president of the Chicago Medical Society. A former chairman of the Illinois State Medical Society Board of Trustees, Dr. Clementi is currently chairman of the ISMS delegation to the AMA.

Raymond E. Hoffmann, M.D., a general surgeon from Rockford, was elected speaker of the ISMS House of Delegates. Dr. Hoffmann is on staff at Saint Anthony Medical Center, Rockford. A clinical associate professor in the department of surgery at

the University of Illinois College of Medicine, Rockford, Dr. Hoffmann served on the department's Executive Committee for the past 10 years. He served as ISMS Twelfth District trustee for 14 years before being elected vice speaker in 1989.

Ulrich F. Danckes, M.D., a River Forest radiologist, was elected vice speaker of the House of Delegates. The former chairman of the medical imaging department at Westlake Community Hospital, Melrose Park, Dr.

(continued on page 21)

*Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?*

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
AND COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

congressman urges physicians

"Expectations and reality, that's what real politics are," Hastert told the approximately 300 attendees. For example, he said it is ironic that the manufacturing sector now urges a national health insurance system because they can no longer afford to pay the cost. Their position is the opposite of what it was 10 years ago.

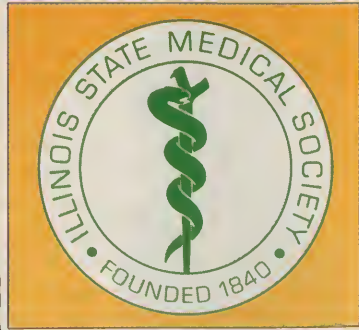
"They're the same guys who are going to tell you, 'Another thing you have to do is balance the budget,'" Hastert observed. "But that's the difference between perception and reality. The federal government can't [fund] a national health care program and balance the budget at the same time."

Hastert said policymakers are left with difficult "political choices." Cit-

ing last year's budget debate that centered on increasing Medicare premiums, he noted, "Political reverberations of changing health care were so great that they literally shook Capitol Hill."

Hastert said with the business community beginning a push for national health insurance, and four or five national health care bills now before the Congress, the cost decisions are going to be more difficult. Noting that many of these decisions have moral implications, Hastert urged more involvement by the medical community. "These decisions are going to affect you, they're going to affect your practice, they're going to affect your patients and they're going to affect your community." ▲

ANNUAL MEETING 1991



ISMS members entertainment



Left: Charles G. Terzian, M.D., and Third District Trustee H. Constance Bonbrest, M.D., go over meeting notes.



Left: ISMS past presidents met April 11.

Above: Past President James H. Andersen, M.D., congratulates new ISMS President Robert M. Reardon, M.D.

Right: Newly elected officers of ISMS' Medical Student Section. Below: An ISMS delegate browses through information offered by the Exchange.



Above: Past ISMS President James H. Andersen, M.D., and his granddaughter at President's Night.



Above: Eighth District Trustee Eugene P. Johnson, M.D. (left), talks with Lloyd E. Thompson, M.D., of Belleville.



Above: Chaplain Cdr. Gary Lyons of Great Lakes Naval Training Center delivers the invocation. Right: The Fort Sheridan Color Guard.



mix policymaking, t annual meeting



Above: A delegate pauses to look at the IMPAC display.
Left: Delegate Henrietta Herbolzheimer, M.D., speaks to the House of Delegates.
Below: Lawrence L. Hirsch, M.D., comments on a resolution.



Above: Second District Trustee Edward J. Fesco, M.D. (left), talks with R. Kent Swedlund, M.D., president of the Iroquois County Medical Society.



Above: A lone delegate studies a resolution.



The Capitol Steps parody current politics on President's Night.



Above: Members of the ISMS Fifty-Year Club.



Above: Raymond E. Hoffmann, M.D., vice speaker of the ISMS House of Delegates, orients new delegates.

Left: Gayle Dustman, ISMS Auxiliary president, looks on with other auxiliary members as AMA Auxiliary President-elect Sherry Strebel speaks.

Far left: A delegate reflects on the day's events.



Joseph R. O'Donnell, M.D., of Oak Brook, takes a moment to relax.

Illinois Medicine talked to members of the Illinois State Medical Society's Fifty-Year Club at its annual luncheon April 13. The question we asked respondents:

How have ISMS and the practice of medicine changed over the years?



Roland Pritikin, M.D.
ophthalmologist
Rockford

"The society has been an inspiration to me. It's been a leader in progressive medicine and it should be given credit for many of the advances that have been made. ... I've always had a very warm spot in my heart for the Illinois State Medical Society."



Edwin A. Lee, M.D.
surgeon
Springfield

"The most significant change has been more or less the near government regimentation of medicine, rather than the freelance type of practice we experienced some 50 years ago. ... A lot of the pleasure of medicine that we experienced has gone out. There have been some great positive changes. The advancements in medicine, particularly in ... the technical side of cardiology, have made significant changes in surgery."



Charles Bloom, M.D.
family physician
Cicero

"The society tried over the years to keep the practice of medicine at a high standard. It's survived through the difficult times."



Harry Y. Greeley, M.D.
internist
Aurora

"[ISMS has] changed quite a bit really. When I first came to Aurora ... they just didn't have any of the services they do now. They have improved so much, with their magazine, their different health programs and insurance. It's been a real help for the doctors of this state."

Photos by William Daniels/The Photo Partners

When you need a lawyer, trust a physician

If you need an attorney, you want assurance that your lawyer understands the legal aspects of modern medical practice. Thomas J. Pliura, M.D., J.D. is a physician and an attorney concentrating his practice in the area of medical law. His background gives him a unique perspective on the needs of physicians involved in malpractice litigation or peer review organization disputes.

He can:

- directly defend you in a malpractice suit
- represent your interests in disputes with peer review organizations
- monitor the insurance carrier's attorney in malpractice suits to make sure your best interests are protected.

When you need a lawyer so you can practice medicine, contact Thomas J. Pliura, M.D., J.D. Physician and Attorney P.O. Box 130 LeRoy, IL 61752 (309) 724-8374



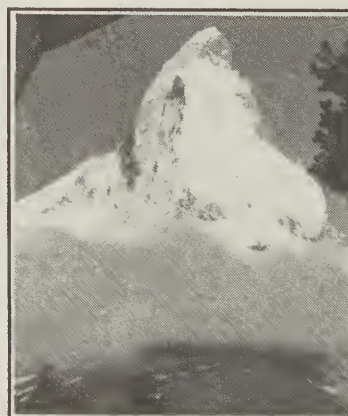
Illinois State Medical Society and Its Component Societies

Presents

Two Exciting Fall Tours to Europe from Chicago

HEARTLAND OF EUROPE

September 20 - 28, 1991 • \$949 per person, double occupancy



Les Diablerets in Switzerland located near Lake Geneva and St. Anton in Austria close to Innsbruck are two picturesque Alpine resorts which invite you to explore an abundance of shops, restaurants, bars, nightly entertainment, and much, much more!

TOUR INCLUDES

- Round trip transatlantic air transportation to Zurich, Switzerland.
- Four nights' accommodations in Les Diablerets, Switzerland.
- Three nights' accommodations in St. Anton, Austria.
- Optional tours include Zermatt and the Matterhorn, Bavarian castles, Glacier Express - St. Moritz and much more.
- Continental breakfast daily
- Completely escorted, and much, much more ...

IRELAND

September 22 - 30, 1991

\$929 per person, double occupancy

We invite you to the Emerald Isle. Experience the legendary greens of Ireland, spectacular coastal and mountain terrain, castles and cottages, pubs and pints, and leprechauns.

TOUR INCLUDES

- Roundtrip transatlantic transportation to Shannon, Ireland.
- Seven nights' accommodations in First Class hotels.
- Breakfast daily.
- Deluxe motorcoach transportation throughout the tour with experienced and knowledgeable Irish driver/guide.
- Complete luggage handling and all related tipping at airports and hotels.
- All government, airline and hotel taxes.
- Many fascinating optional tours.



TRANSGLOBAL
"A World of Experience."

For additional information call:
TRANSGLOBAL
8200 Normandale Blvd. Ste. 504
Minneapolis, MN 55437
Toll Free: 1-800-328-6264

AVAILABLE TO MEMBERS, THEIR FAMILIES AND FRIENDS.

Insurance and business representatives call for cooperation



by Tamara Strom

AFTER listening to business and insurance industry representatives talk for 45 minutes about the need for cooperation with medicine to lower health care

costs, many Illinois physicians were not in a cooperative mood.

Physicians attending the April 13 educational seminar during the Illinois State Medical Society's annual meeting crowded the microphones to question and lecture the speakers about quality of care and insurance company-imposed red tape. And when the question-and-answer period officially ended, doctors crowded the dais to ask yet more questions of the speakers.

"Why can't I get an explanation of benefits form if I'm not a participating physician?"

"Why are claims routinely sent back to us for more information when the supposedly missing information was included on the claim form when it was submitted the first time?"

"Why are nurses giving patients advice on their treatment options?"

But the guest speakers held their ground, answered the questions the best they could and took doctors' business cards, promising to get back to them with more in-depth explanations for the bureaucratic holdups. After all, cooperation is necessary among business, insurance and medicine if the present health care system is to survive, each speaker said in their prepared remarks.

ISMS president and seminar moderator Robert M. Reardon, M.D., introduced the program on a conciliatory note. "As physicians, we're often perplexed and dismayed by the approaches that are adopted by employers and insurers. Some of the policies with which we are required to comply seem to us ill-considered and overly bureaucratic," Dr. Reardon said. "There is a general sense of alarm in the physician community that the profession we love will be drowned in a sea of unnecessary paperwork and regulation."

But even as physicians wonder whether policymakers in business and insurance "have any idea what it is like to practice medicine in the real world," Dr. Reardon said those same policymakers are questioning the profession's understanding of the financial decisions they must make. Employers and insurers point to the alarmingly high cost of health care, he said. To contain those costs, business and insurance payers have turned to higher deductibles, co-payments, managed care arrangements, utilization review and prior approval, he added.

"Organized medicine needs to gain a better understanding of their view of the future of the health care system in Illinois and the factors that drive their decision making. Then we can more effectively formulate our own positions and responses," he said. "Where possible, we need to work together to serve the patients' needs. Where we differ, we need to

effectively represent our viewpoints, but be willing to consider theirs. Employers, insurers and physicians need each other and could work together more effectively."

Not good guys or bad guys

Larry Barry, executive director of the Illinois Life Insurance Council, said the biggest problem facing the health care market is cost, not availability. Mandates are up and reimbursements are down. The result, Barry said, is higher health insurance premiums to cover the cost shifts from Medicare and Medicaid underpayment. The working poor must also be brought under the Medicare-Medicaid umbrella.

Medical inflation has pushed some business and union representatives to support a single-payer, universal health care system for the nation, Barry said, noting a similar movement is afoot in Illinois. Unions do not negotiate over salaries anymore; the contract sticking points now are health care benefits. "They want those benefits," he said.

"I can't even fathom being under

"There is a general sense of alarm in the physician community that the profession we love will be drowned in a sea of unnecessary paperwork and regulation."

— Robert M. Reardon, M.D.

[a universal system], but it's getting consideration," Barry said. "Just the fact that it's there scares me. Does it stand a chance right now? Not in my opinion. Will it have a chance four or five years from now? Yes. Some form of it, yes. I don't think there's any question.

"People are really hurting," he continued. "They're serious. They don't have health care. The first thing they do is look to the legislature to mandate them into the system, to do something for them."

Barry challenged the medical community to understand the insurers' needs for managed care plans. "The only tool we have [for containing costs], is something you don't want us to have and that you want to control us on," he said. "We feel like you do — you're being controlled, you're being asked, you're being second-guessed, someone's looking retrospectively at what you did. But we don't have anything else. We can't control your costs, and we can't control the hospitals' costs.

"We're not the bad guys and we're not the good guys," he said. "But neither are you. We've got to work together and look for solutions."

More review on the way

Utilization management is the crux of how payers control costs, said Brad Buxton, vice president of health service and quality improvement at Blue Cross/Blue Shield of Illinois. He agreed that utilization

management means the insurer is examining physicians' work, but stressed the insurance industry does not want to be "draconian" in its cost cutting.

"The issue is that now someone is watching over your shoulder from a pre-admission point of view, all the way through discharge, discharge planning and case management," Buxton said. "I feel it's very important that whoever does these programs works together with the physicians. We try to do that at Blue Cross. It's not something that's always easy. We want to use your expertise. We feel we manage the benefit. We feel you manage the care. Yes, it's a fine line we walk, but it's one we have to walk."

Although Blue Cross uses consultant physician panels to review cases, he said insurers need more input from the medical community. That input is occurring, he said, as "more and more physicians are coming over to help run these programs." Blue Cross formerly employed only one medical director, but this year three physicians are being added to the staff to examine the practice protocols and criteria used by the company in claims review.

"And it's not nurses making the decisions," he said. "Nurses are there to help get the information to employees. But the way most of these programs really work is that physicians are involved. It's physician to physician talking about what the final decision will be."

Quality management is another review technique on the horizon for insurance carriers, Buxton said. Companies will survey patients to ask about the quality of care they received, look at outcome measures, inquire about physician credentials and perform on-site quality reviews.

"Our plan is not to go out and slap physicians on the wrist," Buxton said. "We do not want to do 100 percent concurrent review, but until we feel comfortable that we all agree on practice protocols, that physicians and hospitals are working well together, we will continue it."

He cautioned physicians that provider contracts will become more complex and "burdensome" in the coming years, as they call for additional utilization review and quality assurance.

Fewer choices, more benefits

Alan Peres, benefits planning manager for Ameritech, said he sympathizes with physician complaints about the bureaucratization of medicine, but noted that medicine is not the only segment of the economy undergoing change. "The world is vastly different today," Peres said. "However, we can't lament the past, because that is not going to prepare us for what the future is going to be like."

After spending about \$310 million last year on medical plans for its employees, Ameritech is now implementing a "point of service" plan in which employees must choose a network provider as their primary care physician. "In return, we'll be giving the employee or dependent increased benefits and reduced out-of-pocket expenses," Peres said. "They will have an option to use a non-net-

work provider but they will not receive the same level of benefits."

Peres said the new plan will allow Ameritech to control the rate of future cost growth for health insurance. In addition, corporation officials believe employees will get better health care because it is coordinated through a single provider. "We tried to make quality the No. 1 concern in this change," he said. "Quality is going to be the watchword of the next decade." ▲

THE GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

June — September 1991

- ☐ Flexible Fiberoptic Sigmoidoscopy
June 1, 1991
- ☐ Fiberoptic Colonoscopy
June 5 - 7, 1991
- ☐ Fiberoptic Esophagogastroduodenoscopy
June 10 - 12, 1991
- ☐ Practical Strategies in Primary Care, 1991
June 24 - 28, 1991
- ☐ Specialty Review in Emergency Medicine
July 22 - 27, 1991
- ☐ Specialty Review in Pediatrics
July 28 - August 3, 1991
- ☐ Specialty Review in Internal Medicine
August 4 - 11, 1991
- ☐ Specialty Review in Neonatology/Perinatology
August 12 - 17, 1991
- ☐ Specialty Review in General Surgery, Part I
August 19 - 30, 1991
- ☐ Gynecologic Surgical Techniques
August 22 - 24, 1991
- ☐ Specialty Review in Dermatology
September 16 - 20, 1991
- ☐ Specialty Review in General Surgery, Part II
September 16 - 23, 1991
- ☐ Specialty Review in Cardiovascular Disease
September 23 - 27, 1991
- ☐ Specialty Review in Medical Oncology
September 30 - October 4, 1991
- ☐ Specialty Review in Gastroenterology
September 30 - October 4, 1991
- ☐ Specialty Review in Critical Care Internal Medicine
September 30 - October 4, 1991

The Cook County Graduate School of Medicine is not affiliated with the County of Cook or any of its agencies, including Cook County Hospital.

For complete information,
call toll-free

1-800-621-4651

or write to us at
**707 South Wood Street
Chicago, Illinois 60612**

Auxiliary strives for unity, education

by Anna Brown

EDUCATION WAS THE focus and "It's Time to Act Together" was the theme of the 63rd Illinois State Medical Society Auxiliary annual meeting, held April 10-12 in Rosemont. Through workshops, guest speakers and award presentations, Auxiliary members strove to encourage recruitment of new members and join together to promote health-related programs throughout the state.

"It was a very intense three-day period filled with excitement and enthusiasm," said newly installed President Gayle Dustman, of Bloomington, adding that delegates "enjoyed the hospitality and camaraderie."

Workshops successful

Six workshops focused on such topics as increasing and maintaining membership, stress management and fund-raising. Following the meeting's theme, Carol Gapsis, Auxiliary health projects chairman and president-elect; and Nancy Hoffmann, Auxiliary "Partners for Health" chairman, presented a workshop titled "Acting Together: Medical Society and Auxiliary Meet Health Needs."

Gapsis discussed the need for Auxiliary members to aid ISMS in its "AIDS and Adolescents" program, while Hoffmann covered building on the ISMS "Partners for Health" program to institute health-related seminars for seniors. American Medical Association Auxiliary President-elect Sherry Strebel suggested a plan to bring physicians and lawyers to-

gether to lecture on the medical and legal ramifications of drug use.

"Auxilians can participate in many programs along with ISMS," Gapsis said. "We are there to help in any way the society needs us."

Stress reduction in the medical family was the subject of a workshop presented by Debra Klamen, M.D. Participants discussed symptoms of stress and practiced relaxation skills such as breath meditation. Dr. Klamen emphasized the need to recognize stress that can be controlled.

Auxiliary Legislative Chairman Pam Taylor moderated a workshop covering the mini-internship program sponsored by ISMS and the Auxiliary, along with six county medical societies and auxiliaries. Auxiliary members are excited about the program and eager to get involved, she said. They are particularly interested in including more civic leaders in the future.

Increasing membership was the focus of "Meeting the Membership Challenge," a workshop moderated by Judy Carney, Auxiliary membership chairman. "Our membership has fallen to 2,400 from 3,300 only 10 years ago," said Dustman. "Our challenge is to make the Auxiliary a priority in the lives of all physician spouses in Illinois." Carney said that Auxiliary members must be flexible and recognize the group's diversity.

The public relations and fund-raising workshops taught practical publicity and funding methods. From writing press releases to selling gift wrapping, Dustman said participants learned that their contributions

need not be large to make a difference.

The Auxiliary's House of Delegates met April 11 and 12. The delegates adopted a plan to support environmental programs and projects involving conservation, recycling and preservation needs in communities and homes, in cooperation with ISMS and county medical societies. Delegates also recognized U.S. Rep. Richard J. Durbin (D-Springfield) and state Rep. David R. Leitch (R-Peoria) for their anti-smoking and mammography legislative initiatives, respectively.

Officers elected

Officer and district councilor elections were held April 11. Auxiliary officers joining Dustman include Gapsis, of Morton, president-elect; Carolyn Kobler, of Rockford, first vice president; Mindy Chadwick, of Decatur, second vice president; and Ginni Pedersen, of Bloomington, third vice president. Rounding out the Executive Committee are Kathy Kelley, of Mt. Vernon, secretary; and Barbara Kendell, of Peoria, treasurer. Three directors were also elected: Cindy McLean, of Peoria; Laura Hays, of Kankakee; and Sylvia Eberle, of Roscoe.

District councilors serve two-year



The newly elected ISMS Auxiliary Board of Directors.

staggered terms. Newly elected councilors are Val Schuller, Second District; Barbara Kendell, Fourth District; Darlene Stevensen, Sixth District; Cheryl Vergin, Eighth District; Eileen Mueller, Tenth District; and Carolyn Lowry, Twelfth District.

In her inaugural address, Dustman introduced her theme for the coming year: "Choose to Make a Difference." "The wealth of knowledge auxilians possess is tremendous," she said. "Through the Auxiliary we can take this wealth to the community. There are so many avenues where we can turn our volunteer efforts."

Dustman is already planning seminars and speakers for next year's meeting. "Attendees said how much they liked the workshops and focusing on one particular subject," she told *Illinois Medicine*. Her goal is for participants to take what they have learned back to their counties and put the ideas to work. "We cannot sit by indifferently if we want to make a change for the better," she said. ▲

Earn 28 CME credit hours, Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY June 27-June 30, 1991 • Hyatt Regency • Chicago, Illinois

CARDIOVASCULAR/HYPERTENSION ADVANCES IN MEDICINE

THURSDAY, JUNE 27
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Michael E. DeBakey, MD
Chairman: Emil J. Freireich, MD

CANCER GERONTOLOGY

FRIDAY, JUNE 28
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Edward J. Beattie, MD
Chairman: Leon Resnekov, MD

NUTRITION GASTROENTEROLOGY

SATURDAY, JUNE 29
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: James W. Anderson, MD
Chairman: Joseph B. Kirsner, MD

BREAKFAST CONFERENCE SEXUAL MEDICINE

SUNDAY, JUNE 30

(8:00 am-12:00 noon)

Chairperson: Domeena C. Renshaw, MD

SPECIAL FUNCTIONS

Continental Breakfast-Banquet-
Cocktail Reception

REGISTER EARLY and
BE ELIGIBLE TO WIN
AIRLINE TICKETS FOR TWO
Anywhere in Continental US
American Airlines

CERTIFICATION

AMA—Earn 28 credit hours
Category 1 for the
Physicians' Recognition Award
AAFP—Earn 25 prescribed hours

Located Nearby: Art Institute
and Museums. The Magnificent
Mile for shopping and enter-
tainment. Boating, swimming
and Golf along the lake front.

AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY HYATT REGENCY HOTEL—CHICAGO, ILLINOIS JUNE 27-30, 1991 REGISTRATION FORM

Dr. _____
Address _____
City, State, Zip _____
Membership Dues: \$80
Meeting Admission: Members Nonmembers Residents
\$350 Preregistered \$475 \$80 with letter from
\$400 At Door \$525 department chairman
Nurses/Technicians/Assistants \$150 Retirees (Fully Retired) \$80
☐ Check ☐ MasterCard ☐ American Express ☐ VISA
Card No. _____ Exp. Month _____ Year _____

Make check payable to: American Society of Contemporary Medicine and Surgery

233 E. Erie Street—Suite 710, Chicago, IL 60611.

\$25.00 Cancellation Fee No Refunds after June 1, 1991

REGISTER NOW by mail or call 1-800-621-4002 Illinois 312-951-1400

Irish eyes smile on new ISMS President Dr. Reardon

by Sue Masaracchia

HIS MOTHER WAS a teacher and his father worked on Wall Street. But while Robert M. Reardon, M.D., newly elected president of the Illinois State Medical Society, always knew he wanted to work with people, he was not certain precisely what he wanted to do. He was uneasy about this, he says, because his older brother apparently always knew he wanted to be an engineer.

Counting science and math among his favorite subjects, medicine seemed to meet his need to interact with people in a positive way. Falsifying his age – saying that he was 18 when he was only 14 – Dr. Reardon worked as a playground supervisor for the summer. Later, he worked in a post office, as a runner on Wall Street and at the New York Trust Bank. From these summer positions, he knew he needed a college education if he did not want to limit himself.

Enrolling in the Virginia Military Institute, the school his brother was attending, he had narrowed his career options to medicine or engineering. By the end of his first year of college, he knew he wanted a program that would allow him to enter medical school his fourth year of college and transferred to Wesleyan University in Connecticut.

Dr. Reardon received his medical degree from the State University of New York, Downstate Medical Center at Brooklyn, in 1954. At that time he was committed to a career as a family physician.

During an elective portion of an internship at Hunterdon Medical Center in Flemington, N.J., he met his wife Vivian, a teacher who volunteered at the hospital. They have been married since 1956 and have a son, Robert Jr., a financial analyst, and a daughter-in-law Laura.

Asked why he chose ophthalmology, Dr. Reardon credits a song. A month into his ophthalmology elective at the prestigious Lenox Hill Hospital in New York City, he attended a party where he was asked to sing. The chief of ophthalmology was present and later appointed him chief resident in ophthalmology. Dr. Reardon clearly had made an impression on him. Thanks to this chief, Dr. Reardon moved in a day from intern to chief resident.

"I had a fabulous residency. By the time it was over, when the attending ophthalmologists went on vacation, I'd go into their practices and treat their private patients," says Dr. Reardon. "Some of my patients included financial, acting and sports notables,

all interesting people. "And all this happened because I sang a song – 'When Irish Eyes Are Smiling'!"

Also thanks to his ophthalmology chief, who was a consultant to the Air Force, Dr. Reardon took a military-sponsored civilian residency at Lenox Hill. He was then appointed chief of ophthalmology at Maxwell Air Force Base in Montgomery, Ala., at that time the largest Air Force hospital in the country. He credits his service there with giving him outstanding clinical experience.

Though encouraged to return to New York, he says he really wanted "a big city practice in a small town," and his time at

Maxwell Air Force Base reinforced this feeling. In 1962, Dr. Reardon answered a blind ad in the *Journal of the American Medical Association* for an opening at the Gailey Eye Clinic in Bloomington. He has been on staff at the clinic for 29 years.

"In the 1960s, there were only about 50,000 people in Bloomington," says Dr. Reardon. "It was a big practice and it was busy," because it drew patients from four states. There are now more than 95,000 residents in the town.

Since his wife Vivian was an only child and Dr. Reardon's brother and family lived out of state, "Our extended family was close friends rather than through close family ties," says his son, Robert Jr.

Vivian Reardon served as president of the McLean County Medical Society Auxiliary from 1971 to 1972. As a result of his wife's activities, he became involved in the Auxiliary events. He credits his interest in organized medicine to her.

He became an alternate delegate to the Illinois State Medical Society representing McLean County and was a delegate while his wife served in the Auxiliary. He has served as Vice Speaker and Speaker of the ISMS House of Delegates, and was ISMS first vice president before becoming president-elect in 1990. He has also served on the executive board and as president of the McLean County Medical Society.

Dr. Reardon has a deep interest in education. He was an adjunct professor of biology and ophthalmology at Illinois State University for 25 years. In 1978, he was asked to join the Illinois Wesleyan University Board of Trustees. He says he enjoys the board's different perspectives of management, administration, finance and delivery. Having been board secretary and vice president, he has also served a two-year term as chairman of the Academic Affairs

Committee, and he currently chairs the planning committee for a new natural science building.

Outside of medicine, Dr. Reardon enjoys tennis, travel, singing and history, feeling it provides lessons that can benefit the future.

Looking ahead to his presidential year, Dr. Reardon sees the society as a unifying educational force between physicians and the public. He wants to show the public that "doctors are not just out there to earn money. They are caring, hard-working professionals who continue to upgrade their skills for the betterment of their patients."

"He is not very critical of others," says his son, "but he feels strongly about things. He's passionate in his

viewpoints, but doesn't force them on others. You can almost see the depth of his thought. Also, he views the world in colors, while many others reduce it to black and white."

"Each time I look at something, I see something different and learn. It's all part of the educational process," Dr. Reardon says. "However, along with that education we must include responsibility, dedication, diligence and discipline."

"Physicians have the intelligence and training to be the leaders. We need to work at being leaders, by giving more of ourselves to the community outside our practices. We need to get people thinking and give our ideas a chance to solve the problems we face." ▲



Dr. Reardon and his wife Vivian.



Can't Make The Proper Diagnosis?

Diagnosing your computer needs and office management problems isn't what you learned in medical school. But, in today's medical marketplace, computerization is critical for the successful, efficient management of your practice.

You need the help of qualified professionals.

Reiser, Jennings and Co. has been working with clients for over 23 years helping them choose and implement the right computer systems. Reiser, Jennings and Co. is an independent accounting firm. We are not committed to any one software program, although through our years of analysis of programs available, we have seen the benefits each program can offer. It is our goal to help you make the right choice for your office. We assess our client's needs and match those needs with the appropriate software. Then we train our clients and their staffs to properly use and maintain the programs. And that is the key to greater office efficiency and greater profit.

Reiser, Jennings and Co. provides approaches for automated accounting systems by bringing together accounting, management information, software and computer experience from one source. We've assembled a team of qualified professionals to serve your practice. Our Health Care Services Group is ready to be part of your practice management team.

Call our office today for more information. We'd be happy to answer any questions you may have. Or we can have one of our representatives stop by for a free, no-obligation consultation.



Reiser, Jennings and Co. of Illinois P.C.
Bloomington, Illinois • Ph: 309-663-7506

Call Reiser, Jennings & Co., and reclaim the time to do what you do best... keeping people healthy.

Delegates

(continued from page 1)

port, solace and succor upon a patient's request ... when the physician determines that to do so will benefit the patient."

One delegate questioned whether adopting the resolution would precipitate punitive action against a physician who might participate in an execution in Illinois. ISMS legal counsel Saul J. Morse responded that for ISMS to sanction a member physician for violation of ethical standards, a charge against the physician would have to be brought before the physician's county society ethics committee.

The delegates adopted without debate another resolution opposing and declaring unethical physician

participation in "active euthanasia or physician-aided suicides." Two additional resolutions addressing the provision of psychiatric treatment and medication to prepare prisoners specifically for execution were referred to the Board of Trustees for study and report.

'Get rid of the Data Bank'

No resolution on the House of Delegates' agenda this year generated as much passion as did two aimed at the National Practitioner Data Bank. By requiring that ISMS "endorse the concept that all other professions that deal with the public trust" be subjected to similar scrutiny, one provides what sponsors say is a mechanism for the Data Bank's eventual elimination.

Several speakers in reference com-

mittee hearings indicated such a requirement "would create ill will between organized medicine and other professions." That sentiment ignited the debate.

"I think that the board and the power structure here, in their efforts to educate us in 'realpolitik,' become too conservative," said resolution sponsor Bernard G. Taylor, M.D., of Peoria. "I think we need to restore the anger and the fire from the grassroots level in reference to some of these resolutions."

Not to be outdone, Peoria Medical Society Delegate Chester C. Danehower Jr., M.D., said, "Now let me tell you something. I have a lot of ill will because of some of the things that are being done to my profession today. And, quite frankly, I don't give a hoot how they feel. And it's

high time," he continued, "that we stood up as a profession and that we were heard."

Following the debate, the House enthusiastically adopted both resolutions. The second instructs the society's American Medical Association delegation to push for development of a national strategy for eliminating the Data Bank and to ask the AMA to regularly report on its progress.

Other House action

Filling the physician gap during national emergencies: The House referred to the board for decision a resolution urging the AMA to work with the federal government to allow retired physicians to fill in for doctors called to active duty. Testimony in reference committee was skeptical, reflecting unresolved questions of indemnity, licensure and uniform training for retired doctors.

Reserve physicians-in-training: The

SPECIALIZE IN AIR FORCE MEDICINE.

ER Physicians. Radiologists. OB/GYNs and other specialists! Today's Air Force gives you the freedom to specialize without the financial overhead of running a private practice. Talk to an Air Force medical program manager about the tremendous benefits of becoming an Air Force medical officer:

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay each year

Examine your future in the Air Force. Learn if you qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE "STAT"
1-800-423-USAF



ISMS delegates

TACKLING ILLINOIS' access problems was the subject of several resolutions introduced by ISMS members. Among the actions delegates took to begin toppling access barriers was adopting policy to support the supervised participation of nurse practitioners and physician's assistants in delivering care.

"It's time we all get together and work on the same team," said George T. Mitchell, M.D., who introduced the resolution. "Nurse practitioners have been around for a long time and this policy just spells out ideas on how nurse practitioners can be a valuable member of the health care team."

Dr. Mitchell stressed that the new policy requires that nurse practitioners will be supervised by physicians on a one-to-one basis. "Doctors will still be the captain of the ship, so to speak," he said. "But with the shortage of primary care physicians in some areas of the state, nurse practitioners can play an important part in taking some of the load off physicians and expanding services to patients."

Even in areas where there is no shortage of physicians, nurse practitioners can aid busy physicians, Dr. Mitchell said. He cited patient screenings and perinatal counseling as examples of areas nurse practitioners can contribute to patient care. Calling himself "very conservative," Dr. Mitchell admitted he has "done a 180-degree turn" on the subject of nurse practitioners. "As long as the nurse practitioners are employed by a physician and provide services under physician supervision, they can be an important working part of a team," he said. "Many physicians are sold on this concept and the nurse practitioners are doing an excellent job. It's an idea whose time has come."

Raymond A. Dieter Jr., M.D., Eleventh District trustee, said he also supports the concept of using nurse practitioners and physician's assistants to increase access to care, particularly in underserved areas downstate. "This is just another way of providing service for patients," he said. "We should not restrict



delegates adopted a resolution supporting placement of resident physicians in positions consistent with their specialty and training if they are called to active duty. The resolution calls on ISMS to submit a similar resolution to the AMA House of Delegates.

Resident Mentor Campaign: The House of Delegates adopted a resolution establishing a model Resident Mentor Campaign. The campaign's goal is to increase resident physician membership in ISMS and participation in organized medicine.

Gun storage: Delegates approved a resolution that calls on ISMS to support legislation requiring adults to store loaded guns in places inaccessible to children or to use trigger guard locks on loaded weapons. The House deleted language supporting legislation to charge adult gun owners with a felony if a minor is shot with or carries the gun in public.

Motorcycle helmets: Delegates ap-

proved a resolution that calls on the society to support legislation mandating that Illinois motorcyclists wear helmets.

Medical payments coverage: The House passed a resolution that directs ISMS to support legislation mandating that drivers carry a minimum of \$100,000 insurance coverage for medical payments, in addition to the already mandated automobile liability insurance.

Smoking in stadiums: The House passed a resolution that directs ISMS to oppose smoking in open and closed stadiums. The resolution also calls on the society to seek assistance from other anti-tobacco organizations in pursuing smoking prohibitions in stadiums and to request that the AMA pursue similar federal legislation. ▲

consider access problems

[nurse practitioners] as long as they are working under physician supervision and appropriate guidelines."

Dr. Dieter relies on the help of a physician's assistant and a registered nurse in his practice to perform cardiograms, remove sutures and provide patient education. "We all have physician's assistants or nurses working in our offices doing many of the procedures that this resolution speaks to," he said, but added that he disagrees with the one-to-one physician/nurse practitioner ratio the resolution stipulates. "I think a physician can more than adequately supervise more than one nurse practitioner and provide more care for patients." The "one-to-one" provision reflects current state law.

Board to study uninsured

Four additional access resolutions were referred to the ISMS Board of Trustees for decision. Among those is a resolution directing the society to conduct a study to accurately assess the number of the state's uninsured residents and formulate a plan to ensure access to basic health care. Another resolution calls for the society to support the American Medical Association's 16-point Health Access America plan. Still another advocates development or support of legislation in the spirit of the Oregon Basic Health Services Act, which redirects state aid through a prioritization of health care services.

"Access is a complex enough issue that study by the board and its committees is probably the wisest course of action at this time," said William E. Kobler, M.D., Twelfth District trustee.

Although he "hates to admit it," Dr. Kobler said some physicians refuse to see Public Aid patients because of low reimbursement rates, while others no longer accept additional Medicare patients. "So right now we're rationing access, not services. If we're rationing access, where do these people go [for care]?" he asked. "We need to encourage our members to provide care regardless of a patient's ability to pay and regardless of the reim-

bursement mechanism. We need to be altruistic enough to provide care for those in need."

Dr. Kobler added that society must become involved in making the "tough decisions" about health care. "Society must begin making the moral and ethical decisions that come with the 'R' word - rationing," he said. "Are we going to give people universal access to absolutely everything, or are we going to define what basic health care is and assure that to everyone? Right now there is no plan, no health care policy in this country. It's wandering aimlessly, driven by patients. No one's leading it."

Post surgical and obstetrical centers

After spirited debate, delegates also voted to support legislation creating a pilot program for post-surgical and obstetrical centers (PSOCs).

Opponents claim the controversial centers will compete with hospitals for insured and paying patients. In addition, they say, quality of care cannot be guaranteed. But supporters say the centers will help ease access barriers by offering lower cost, quality alternatives for patients.

"High-quality service with lower cost is the way of the future," said Aladin M. Mariano, M.D., who introduced an amendment calling for ISMS support of PSOCs adopted by the House. "Freedom of choice is very important in health care needs, especially in light of the spiraling costs of health care."

A hospital environment is not ideal for every patient, he said. Physicians, in consultation with their patients, must make informed decisions about which setting will offer the best patient care. "Why send a patient to the hospital if it won't be the optimal setting?" he asked. "The idea that every patient has to go to the hospital is antiquated."

Dr. Mariano admitted that part of the reason for the controversy surrounding the start-up of PSOCs is a "turf battle" between the budding centers and hospitals that want to retain their monopoly. "We have to be open to what's best for the patient and what's best for the patient is choice," he said. ▲

Physicians examine practice parameters, IDPA reviews

THEY ARE NOT happy about it, but physicians are beginning to accept the possibility that practice parameters will be developed with or without their input. To ensure medicine's point of view is included, the Illinois State Medical Society House of Delegates last month adopted policy encouraging the profession's participation in formulating practice parameters.

Outside interests such as the U.S. Health Care Financing Administration, peer review organizations and HMOs are reviewing their options in this area. And although the concept of practice parameters conjures images of "cookbook medicine" in the minds of most physicians, several doctors testified in reference committee that organized medicine must help create parameters to ensure quality care for patients.

"It's important for organized medicine to be present at the table when practice parameters are developed," George Goldstein, M.D., an ISMS delegate from Libertyville, told *Illinois Medicine*. "We need to be proactive, not reactive, on this issue. There's been a realignment of economic forces and the payers can basically dictate how the system runs. We have to be part of the change to ensure that high quality medical practice continues in the United States."

Dr. Goldstein said he is concerned that the government and private payers will consider practice parameters

the "be all and end all" of how to practice medicine. "It's a quality of care issue," Dr. Goldstein said. "If practice parameters are the final word on how to treat a patient, then a physician who varies from the prescribed parameter would be considered to not be practicing good medicine. The fact that the government is pushing practice parameters shows it doesn't value medicine as an art, but as a commodity. Often it's the art of medicine, not the science, that makes the difference in patient care."

The new policy statement stops short of endorsing practice parameters. Rather, it encourages continued ISMS participation in the American Medical Association's Practice Parameters Forum and society monitoring of parameters as they are implemented throughout the health care system.

IDPA reviews

Responding to physician concerns about the Illinois Department of Public Aid's quality of care reviews, the delegates adopted policy urging ISMS maintain dialogue with IDPA to ensure a fair review process.

Extensive reference committee testimony detailed the perceived restrictive reviewing protocols and dispelled several myths about the process. The resolution calls for more communication among ISMS, IDPA and Medicaid participating physicians about the review process. ▲

CONSULTING SERVICES

FOR

PHYSICIAN DIRECTED LABORATORY

LABORATORY DOCUMENTATION

AS REQUIRED BY

STATE AND FEDERAL REGULATIONS

CUSTOMIZED PROCEDURE MANUALS

EQUIPMENT MANUAL

SAFETY MANUAL

QUALITY ASSURANCE

LABORATORY CODING AUDITS

IDENTIFY INCORRECT CPT CODES

MAXIMIZE MEDICARE REIMBURSEMENT

LAB FEASIBILITY STUDIES:

LAB STARTUP AND EXPANSION

INSTRUMENT PROCUREMENT

REQUISITION /REPORT DESIGN

QUALITY CONTROL SYSTEMS

CONTACT:

R.P. NAYYAR, Ph.D

CHARLES B. ROOT, Ph.D

MED SOURCES

1080 NERGE ROAD, ELK GROVE IL. 60007

TEL (708) 351-1710, FAX (708) 351-6001



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Delegates vote to maintain AMA unified status

THE ILLINOIS STATE Medical Society House of Delegates voted to maintain the state society's unified membership in the American Medical Association at its recently concluded annual meeting in Rosemont. The action came at the end of a yearlong period of review and monitoring of the national organization's recovery from the financial scandals of 1990.

The AMA and its recovery from the revelations and upsets of the past year were the subject of a special reference committee hearing at the meeting. The reference committee considered a board report on the subject and heard debate on two resolutions – one to continue unified membership status and one to discontinue the requirement.

Resolution 22, sponsored by delegate John J. Taraska, M.D., of Peoria, noted, "The AMA has been responsive to efforts led by ISMS to institute corrections and changes." Delegates adopted Resolution 22. Then, through what Vice Speaker Raymond E. Hoffmann, M.D., described as a "quirk" in the parliamentary system, they were required to reject

Resolution 41, submitted by the Iroquois County Medical Society, which would have removed the AMA membership requirement.

In contrast to the high levels of emotion that characterized last year's debate on the AMA and continued unified status, this year's discussion was significantly calmer. Supporters of deunification noted disagreements with specific AMA policies and the desire for individual physician autonomy rather than dissatisfaction with the national organization's management. Proponents of unification noted the AMA's responsiveness and activities to improve the association's response to membership concerns.

AMA President-elect John J. "Jack" Ring, M.D., ISMS member from Lake County, assured the reference committee the AMA had identified and addressed its internal management problems, and that the national organization was a "new and changed" AMA. The adoption of the board's report and Unfinished Business Report A by this year's delegates concluded the business of two resolutions passed by the 1990 house. ▲

ISMS elections

(continued from page 11)

Danckers is a past chairman and past president of the Chicago Medical Society. He served as ISMS first vice president from 1990-91.

Trustees elected

Outgoing Speaker of the House of Delegates **Joan E. Cummings, M.D.**, director of Edward Hines Jr. Veterans Affairs Hospital, Hines, was elected a trustee of the Third District. Dr. Cummings, who is board certified in internal and geriatric medicine, is a graduate and assistant professor of clinical medicine at Loyola University Stritch School of Medicine, Maywood. She currently chairs the *Illinois Medicine* Committee.

Harold L. Jensen, M.D., of Harvey, was re-elected a Third District trustee. Dr. Jensen is vice president of medical affairs at Ingalls Memorial Hospital, Harvey, and on staff at the University of Illinois Hospital. Board-certified in quality assurance and utilization review, he is a past chairman of the ISMS Board of Trustees and past president of the Chicago Medical Society.

Alfred J. Kiessel, M.D., a pathologist from Decatur, was re-elected trustee of the Seventh District. Dr. Kiessel is a past president of the Illinois Society of Pathologists and of the Macon County Medical Society. He is a past chairman of the ISMS Board of Trustees, the Finance and Medical Benevolence Committee, and the Council on Economics. He currently chairs the board's Third Party Payment Process Committee.

Adriano S. Olivar, M.D., a Flossmoor pathologist, was re-elected to a second term as a Third District trustee. Dr. Olivar is an associate in pathology in the department of pathology at Northwestern University Medical School, and is an adjunct professor at Governor's State University. He is a member of the Governor's Advisory Council for Clinical Laboratories and Blood Banks.

Biswamay Ray, M.D., a urologist and urological oncologist from Oak Brook, was elected a Third District trustee. Dr. Ray is a surgeon at Gottlieb Hospital, Melrose Park; St. Mary of Nazareth Hospital, Chicago; and Loretto Hospital, Chicago, where he is president-elect of the medical staff. Dr. Ray is a past president of the Chicago Medical Society's West Side Branch and is currently the vice chairman of the Illinois Medical Disciplinary Board.

Richard P. Snodgrass, M.D., a cardiologist from Moline, was elected trustee of the Fourth District. Dr. Snodgrass is on staff at United Medical Center, Moline; Franciscan Medical Center, Rock Island; Illini Hospital, Silvis; and St. Luke's Hospital in Davenport, Iowa. He is a past president of the Rock Island County Medical Society.

Board appointments

James H. Andersen, M.D., a thoracic surgeon from Oak Brook, will serve as trustee-at-large for 1991-92. He is the immediate past president of ISMS and a past president of the Chicago Medical Society.

Eugene P. Johnson, M.D., a family physician from Casey, was appointed Eighth District trustee to complete the term of First Vice President Arthur R. Traugott, M.D. Dr. Johnson is an ISMS past president and past president of the Clark County Medical Society.

John F. Schneider, M.D., Ph.D., an internist from Flossmoor, was appointed to complete the term of Warren H. Staley, M.D., Third District trustee. Dr. Schneider is the chairman of the ISMS Council on Economics and has chaired the University of Chicago Hospitals' Utilization Review Subcommittee since 1978. Dr. Schneider is an associate professor of clinical medicine at the University of Chicago Pritzker School of Medicine. ▲

— Marla Vender compiled this report.

Health-related bills

(continued from page 1)

surgical patients not requiring acute care hospitalization. A similar bill was withdrawn last year after the Illinois Hospital Association mounted stiff, last-minute resistance.

Several bills resurrect last year's proposed legislation regarding **decision making for comatose and dying patients**. The plaintiff's bar and right to life groups generally oppose the bills, for different reasons, and kept last year's version from getting out of committee.

Legislation mandating **helmets for motorcyclists** repeats sentiments adopted by ISMS delegates in April, while another bill would amend the Illinois statute regarding **capital punishment by lethal injection**. The bill

would remove the current state law requirement for physician witnesses to state executions but maintains the requirement that a licensed physician pronounce death.

Rural health and access issues are the topic of a number of bills. A Senate bill funds last year's rural health initiative, directing \$20 million to Southern Illinois University and the Department of Public Health for the Rural/Downstate Health Care Initiative program. Lest the city feel neglected, another bill would establish a Cook County Health Care Council charged with establishing a data base, developing "Medicaid demonstration partnerships" and generally enacting other recommendations of the Chicago and Cook County Health Care Summit. ▲

PHYSICIAN OPPORTUNITY

A Natural Selection

St. Luke's Healthcare Association – a progressive, 418-bed multifacility healthcare system located in Saginaw, Michigan – currently has private practice and hospital career opportunities for physicians in selected areas of specialization.

The Association provides a complete range of specialty care units, including adult and pediatric intensive care, coronary care and emergency care. We operate Michigan's only combined medical/behavioral health center, treating adults, adolescents and children. We recently opened The Family Birth Center™ – a progressive, new, single-room obstetrics unit. And we co-operate in an active residency program affiliated with

Michigan State University's College of Human Medicine.

St. Luke's Healthcare Association is a diverse and growing organization, anxious to meet with physicians interested in pursuing a career

marked by a strong administration/physician working relationship and a team approach to patient care.

If you're such a physician, St. Luke's Healthcare Association and Saginaw, Michigan, are natural selec-

tions. Contact us today for additional information.

Call or write Jan Gould, Physician Recruiter:
St. Luke's Hospital
700 Cooper Ave.
Saginaw, MI 48602
1-800-633-3546.



©1991 St. Luke's Healthcare Association. All rights reserved. A service of St. Luke's Healthcare Association.

practice claims arising from the VA's admission of treatment "misadventures." But in a matter of weeks, the VA will become a full participant in the National Practitioner Data Bank, subjecting VA physicians to the same reporting criteria as doctors in the private sector, according to a VA spokesman.

And that is exactly what McParland said the North Chicago VA surgeons fear. "Our fears are that the VA will settle and report the settlements to the Data Bank and the Illinois Department of Professional Regulation under the mandatory reporting act," he said. "That's a lot to put the physicians through. That's a lot of expense and anxiety. They want to meet these cases at their merit."

McParland alleged that the VA does not want to hear the physicians' side of the story, "short of the cases going to trial." Malpractice claims against the VA must go through a six-month settlement period before they can proceed to trial. "No one

has looked into the standard of the surgical care," he said, adding that the physicians believe the three reports issued about quality of care issues at North Chicago have conflicting conclusions. Based on the reports' findings, U.S. Secretary of Veterans Affairs Edward Derwinski has admitted that poor care contributed to the deaths of eight North Chicago patients.

"The physicians will not be heard on the merits of their care," McParland said. "[The VA's] attitude is, 'We have the money to make the settlements and the physicians have no personal interest in the matters.' We have information that would help defend these claims. I find it extraordinary that the VA doesn't want to hear it."

McParland said Derwinski's published comments during the past few weeks have further alarmed the physicians. "They have not been contacted directly by the VA," he said. "But because of Mr. Derwinski's comments saying they all are under investigation, we don't know what to expect."

VA officials are unable to comment on the physicians' charges because of the possibility of future litigation now that the doctors have hired an attorney, said David West, chief of media relations for the Veterans Health Services and Research Administration. West did say, however, that the VA has not yet determined whether disciplinary action will be taken against the North Chicago physicians.

Data Bank participation imminent

The possibility of the physicians being reported to the Data Bank cannot be determined at this time, he said, because the VA is still formulating its reporting protocols.

"We're in the process of implementing an agreement with [the U.S. Department of] Health and Human Services," West told *Illinois Medicine*. "But the mechanics for Data Bank reporting are not set yet. We're setting due process procedures to address just these types of situations. Physicians would only be reported after a full opportunity for due process. They will never have to

fear that [they will be reported] without their knowledge or without any input."

West stressed that the VA's imminent link with the Data Bank did not arise from the North Chicago findings. VA officials began talks with HHS in November, he said, adding that the department decided to become a Data Bank participant as part of a "general effort to strengthen our entire credentialing and privileging process."

Enhancing that process has been an ongoing VA project for the past 10 years, West said. "[Joining the Data Bank] just about completes our goal," he said. "We can now perform extensive reviews of every single practitioner."

In addition, West said that "a significant number" of VA physicians hold joint appointments at private hospitals or medical schools, so they are currently subject to Data Bank reporting criteria through those affiliations. "It's not as if none of our physicians are subject one day and all of them are the next. Some are already included," he added. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/1SMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Chicago area. Family practitioner/internist, BC/BE wanted for solo opportunity in semi-rural area just 60 minutes from Chicago; excellent community for family; competitive package available. Please call or respond with CV to: Dennis Mahoney, Morris Hospital, 150 W. High St., Morris, IL 60450; 815/942-2932, ext. 470.

Central Illinois: seeking full-time and part-time emergency physicians for two low volume facilities seeing under 7,000 visits annually. Excellent schedule and competitive compensation with paid malpractice insurance with unlimited tail coverage. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Southwest Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine – Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital – 8 bed ICU – excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River, central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

BE/BC allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Illinois, southwest of Chicago: part-time physician, seeking experienced emergency BC/BP physician for work in a Level II trauma center hospital (60 miles southwest of Chicago Loop). Excellent remuneration with malpractice coverage and flexible staffing. Contact Steven Taller, M.D., F.A.C.E.P., Morris Hospital, 150 W. High St. Morris, IL 60450; 815/942-2932.

Central Illinois. New facility, expanding staff, provide medical services to student clientele. No DRGs, no nights, 40-hour week, ample time off – opening for BC/BE family practitioner. Full-time 11 month position, competitive salary/benefit package. Application deadline June 1, 1991. Contact Glenn Weiss, Medical Director, Illinois State University, Normal, IL 61761; 309/438-8711. Women and minorities are encouraged to apply. Affirmative Action/Equal Opportunity Employer.

Due to illness, a well-established general surgeon and practitioner is retiring. Practice is available immediately offering a very rewarding financial arrangement. Less than two hours from Chicago, Streator has a population of 15,000 with a progressive, licensed 240-bed hospital. For further information, contact Robert Gubbels, St. Mary's Hospital, 815/673-2311.

Internal medicine, family practice, Ob/Gyn, emergency medicine, pediatrics. Outstanding practice opportunities available for board qualified/board certified physicians throughout Missouri and southern Illinois. Solo, single specialty and multispecialty positions are available. Each practice opportunity offers excellent coverage, paid malpractice insurance, guaranteed income and more. Please call collect 314/355-2300 ext. 5543, or submit your curriculum vitae to: Christian Health Services, 11133 Dunn Rd., St. Louis, MO 63136, Attn: Daniel W. Brewer, Executive Employment.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Central Illinois – Illinois licensed primary care physicians for full-time staff positions. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

General internal medicine. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities in beautiful wooded areas with an abundance of lakes, rivers and streams. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Emergency medicine. Marshfield Clinic-Lakeland Center, located in the beautiful Lakeland area of northern Wisconsin is seeking an ER physician. This individual must be BE/BC in FP, IM or EM. This opportunity offers a challenging variety of patients, within a multispecialty group representing thirteen specialties available for back-up. This position offers a 48-hour work week. Compensation includes a competitive salary along with one of the finest fringe benefit packages in the country. Please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Central Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Family practice. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty groups of 35. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Allergy – long-established, growing adult/pediatric practice in Chicago suburbs needs new BE/BC associate. Guaranteed salary, immediate percentage of profits, leading to partnership. Benefits include insurance (malpractice, health, life, disability) and pension plans. Minimal office management. Please reply to Box 2192, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Lake Winnebago, Wisconsin area: seeking director, full-time and part-time emergency physicians for low volume 60-bed hospital. Attractive compensation, paid malpractice insurance with unlimited tail coverage and benefit package available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Wanted: family practitioner. Location: one hour SW of Chicago – Marseilles. Beautiful river community. Only six minutes from excellent hospital and staff. My wife and I (five children) have never regretted coming to this area in 1957. One year guaranteed salary: I will phase out at your convenience after introduction to patients. One year paid malpractice insurance. One year paid secretary. One year paid rent. Call 815/795-2122 or 815/795-4600 day/night. H. Kelly Sutton, M.D., or Mrs. Sutton. Talk to us and you will be convinced of the advantages of solo practice. Physician coverage.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Medford, Wis.: seeking director, full-time and part-time emergency physicians for moderate volume facility located in northern Wisconsin. Excellent compensation and paid malpractice insurance with unlimited tail coverage. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

West Bend, Wis. – seeking full-time and part-time emergency physicians for 100-bed hospital 35 miles north of Milwaukee. Excellent compensation, paid malpractice insurance with unlimited tail coverage, benefit package and incentive bonus plan available to full-time staff. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Round Lake Beach – seeking director, full-time and part-time physicians for this ambulatory care clinic affiliated with Condell Immediate Care Center in Libertyville. This opportunity offers competitive compensation, paid malpractice insurance with unlimited tail coverage and benefits are available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Full-time faculty position, Quincy. Quincy Family Practice Residency Program – Southern Illinois University affiliated. BC/BE and obstetric experience required. New opening created by program expansion. Send letter and CV to Terry G. Arnold, M.D., Quincy Family Practice Center, 2325 Elm St., Quincy, IL 62301. Southern Illinois University is an Equal Employment Opportunity and Affirmative Action Employer.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

Illinois Medicine/May 10, 1991

SE Wisconsin lake country – qualified FP's and internists needed to join prospering practices with many new patients seeking care. Shared call and coverage, capable board certified colleagues, first-class hospital, rewarding and satisfying lifestyle close to Milwaukee, Madison and Chicago. Please contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Illinois (Chicago, west and central areas): seeking emergency medicine physicians for full-time and locum tenens opportunities in attractive moderate volume facilities. Directorships also available. Competitive hourly rates, paid malpractice insurance with unlimited tail coverage and flexible scheduling. Benefit package available to full-time physicians. For more information contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 17, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Primary care internist/family care physician – Cincinnati. Assume suburban practice of retiring primary care internist. Hospital-owned/managed practice, guaranteed \$80M salary, full benefits, CME, cross coverage. Cincinnati has an excellent quality of life – a strategic international travel location, superb cultural offerings, outstanding sports, beautiful parks, exceptional universities and a dynamic medical community – everything except the ocean at our doorstep! Send CV or contact Christine Visnich, Bason Associates, 401 Crescent Ave., Cincinnati, OH 45215; 513/761-9881.

Family practice. Denison, Iowa – seeking two family practitioners to round out an active medical staff of five, serving town of 6,500 and county of 18,000. Weekend ER coverage provided by hospital. Excellent school system and 72-bed hospital located in this scenic western Iowa community. Contact Kip Ewen, Administrator, 712/263-5021 or 712/263-3830.

Locum tenens physician ... join a comprehensive physician support service with a major medical center in south central Montana. Locum physicians provide primary care coverage (excluding routine OB) for physicians in rural Montana and Wyoming. Assignments vary in length. Reimbursement for expenses, malpractice, health insurance, CME. Call Locum Tenens Coordinator, 1-800-325-1774, or send CV to 1500 Poly Dr., Suite 103, Billings, MT 59102.

BC/BE Ob/Gyn – Door County, Wis. Live in Door County year round. BD/BE Ob/Gyn to join established BC/Gyn in hospital-based practice. Complete facilities available. New LDRP birthing center in modern, progressive 89-bed community hospital. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Door County offers exceptional four seasons recreation along Lake Michigan shores, proximity to Milwaukee and Chicago. Top-rated schools. Quality community life for family. Send CV to: Richard C. Murray, M.D., 330 S. 16th Place, Sturgeon Bay, WI 54235.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12 hour days, including periodic weekends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Internal medicine, cardiology or pulmonology fellows needed for part-time critical care unit staffing in Belleville beginning June 1, 1991. Malpractice covered with compensation of \$51.50 per clinical hour worked. For particulars, promptly contact: Mary Zimmerman, Emergency Medical Care, Inc., 314/532-0766 – call collect.

Pediatrician. Needed hard working pediatrician to join well-established pediatric group in the far western Chicago suburbs. The earning potential is probably in the top 1 percent of all pediatricians in the country. The community offers excellent school systems, park districts and lifestyle. Please forward CV to Box 2195, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pathologist – midwest. AP/CP solo practice in 115-bed acute care facility. Cross coverage available. Sportsman's paradise with many lakes, parks within minutes. Within easy two hours of large metro area. Excellent air and highway transportation. Mild, short winters. Near major university with medical school. Send CV to Box 2196, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practice. A prime family practice awaits you in sunny, metropolitan Phoenix, Ariz. We have additional FP opportunities in picturesque Wisconsin and Illinois. Available benefits include student loan repayment, CME allowance, relocation expense assistance and more. For confidential inquiry, call 1-800-969-7715. Dan Jones, Gielow/Laske Associates, Inc., 306 N. Milwaukee St., Milwaukee, WI 53202.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Nephrology: completing fellowship June, 1991, board certified in internal medicine. Interested in full-time opportunity in nephrology in the Chicago or suburban area. Reply to Vinita Raj, 82-30, 262nd St., Floral Park, NY 11004; 718/470-6982.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Adult nurse practitioner (MSN) (Indiana University medical center). Additional ANA certification as community health nurse specialist, also MS in child development and family life and 18 years experience in pediatrics. Desires collaborative family practice within 50 mile radius of Fowler, Ind. (serve mid NE Illinois). Contact Terry Hancock, R.N., C. RR #4, Box 15A, Fowler, IN 47944.

For Sale, Lease or Rent

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Fully furnished medical suites. Available for lease or sublease in newly decorated building. Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprieter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

Family practice/pediatrics, two-physician practice, established 17 years, grossing \$500,000-plus, in progressive community one hour's drive southwest of Chicago. Numerous recreational opportunities, good schools and modern hospital. Terms negotiable. Relocating. Send inquiries to Box 2190, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For sale: Abbott Vision System, Nova Celltrak II, excellent condition. Call 309/762-0529, ask for Patt.

For sale: low volume bariatric practice. Northern Illinois, 45 miles from Chicago. Three rooms equipped for general medicine. Low rent. Good starting opportunity for young physician. Growing area. Will finance, no money down, low price. Call 708/223-2061, leave message.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Office space, fully equipped and furnished, new building. Chicago's Six Corners area, rent includes heat, electric, telephone, year to year lease \$450/month. Call 312/685-8400.

Medical office building in downtown Collinsville for lease or purchase. 2,600 square feet includes five examination rooms, x-ray room, lab room, ample parking. Phone 618/346-4707.

For sale or lease. 2101-07 W. Irving Park Road, Chicago. 18,000 square feet. Single story, recently rehabed. (9,500 square feet finished office, 3,700 square feet prime retail and 4,800 square feet of warehouse/garage). Also, 21,000 square feet of parking. Would make an excellent medical facility. Asking \$1,895,000. Glascott & Associates, ask for Carl, 312/281-0701.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Free. Office management analysis – your office system demonstration – our office. Learn – why cash flow security is essential and how to get it – what office business functions should be integrated for maximum efficiency – where to get confidential advice and state-of-the-art systems – when to make changes – how to get MD productivity information and make referral source data – much more. University Practice Management, Inc., 800 S. Wells, Suite M5, Chicago, IL 60607. Fifty years of combined experience. Chris Flowers, President. 312/431-3344.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Executive Management Associates ... an affordable alternative. Experienced consultants specializing in private and public insurance billing and collection. Professional prompt service. 708/524-4696.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-933-7598 (24 hours). Alan D. Kirscher, M.A.

Earn up to
28 ACCME
Credit Hours
Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY OPHTHALMOLOGY

June 27-June 30, 1991

Hyatt Regency
Chicago, Illinois

SEMINARS:
CATARACT/IOL,
OPHTHALMOLOGY
TECHNOLOGY,
CONTACT LENSES,
GLAUCOMA,
RETINA,
EXTERNAL
EYE DISORDERS

To register
call 1-800-621-4002
Illinois 312-951-1400

American Society of
Contemporary Ophthalmology
233 E. Erie Street
Suite 710, Chicago, IL 60611.

ILLINOIS STATE
M E D I C A L
INTER-INSURANCE
E X C H A N G E

PROVIDING

SERVICE

TO ILLINOIS PHYSICIANS

SINCE 1976, OUR ONLY BUSINESS HAS BEEN TO PROVIDE PROFESSIONAL LIABILITY INSURANCE SERVICES TO YOU, THE ILLINOIS PHYSICIAN, THROUGH...

UNDERWRITING: YOU WORK DIRECTLY WITH THE EXCHANGE, NOT AGENTS, TO OBTAIN THE COVERAGE YOU NEED.

RISK MANAGEMENT: OUR RISK MANAGEMENT EDUCATION AND COUNSELING SERVICES ARE DESIGNED TO MEET YOUR INDIVIDUAL NEEDS.

CLAIMS: YOUR CLAIM IS GUIDED BY A STRONG DEFENSE TEAM WHO WORKS FOR YOU AND WITH YOU EVERY STEP OF THE WAY.

PROVIDING SERVICE TO OUR 10,000 INSURED PHYSICIANS IS OUR ONLY BUSINESS.

ILLINOIS STATE
MEDICAL



INTER-
INSURANCE
EXCHANGE

Illinois Medicine

Chicago
Medical School
dean printed 8



May 24, 1991 ILLINOIS STATE MEDICAL SOCIETY

Legislation could inhibit free care

Bill aims at ending third party payer 'discrimination'

by Tamara Strom

A BILL IN the Illinois House to limit doctors' freedom of choice to charge patients as they see fit would set a dangerous precedent, physicians charge.

"This is a harmful bill," said E. Richard Blonsky, M.D., chairman of the Illinois State Medical Society Workers' Compensation Committee. "It's a dangerous precedent because it's one-sided. I wonder if the same principles would be applied to attorneys' fees or other professional fees. Why should this apply only to the medical area?"

Proposed by the Illinois State Chamber of Commerce, H.B. 1626 would prohibit physicians from charging different fees to different patients depending on who is paying the health care bill. The Illinois chamber claims physicians are "gaming" the system by charging some patients more than others because of the payer involved.

"This is nothing but legalized price restriction, and I am appalled that the chamber, the bastion of free enterprise in Illinois, would support

such a bill," said Robert M. Reardon, M.D., ISMS president and a member of the Chamber of Commerce in Bloomington.

"This is a terrible proposal and I hope my fellow physicians who are active in chamber activities across the state will share my concern, and contact their local chambers to protest this anti-competitive proposal," Dr. Reardon said.

"This is a fairness issue," insists Pam Mitroff, director of health policy for the chamber. "Our members are trying to provide quality benefits for our employees but they're getting hit with these billing practices that are just not fair. Who I am or who pays my bill shouldn't determine how much [a physician] charges. If we don't start to address the issue of rising costs, especially costs that aren't doing anybody any good, we're going to have a government system imposed on us."

Mitroff said some of these so-called "abusive billing patterns" involve physicians who treat patients with injuries suffered on the job. For example, she pointed to study data by a large insurance carrier that alleges



Chip Zeller

ISMS President Robert M. Reardon, M.D. (left), and Lake County Medical Society President Mark Hill, M.D. (right), attend a May 11 reception of the Healthcare Foundation of Lake County honoring AMA President-elect John J. Ring, M.D. (center). ▲

some physicians in the Chicago area are charging 38 to 45 percent more for treating work-related injuries. Mitroff acknowledged, however, that no specific documentation of these "irregular" billing practices exists.

"I've been seeing workers' compensation patients for 30 years at all hours of the day and night and their charges are no different, so I don't understand where the chamber gets its information," Dr. Reardon said.

"Perhaps they should check with their physician members before they come out with such irresponsible legislation."

The lack of documentation also worries Dr. Blonsky. Although he said "a very small number" of Illinois physicians might charge more for treating workers' compensation patients than other patients, "Unless they can document who's doing it

(continued on page 13)

On the legislative scene

Medicaid reform package, life-sustaining proposals advance



by Kevin O'Brien

IN AN ATTEMPT to shore up support for its Medicaid reform package, the Illinois Hospital Association May 8 proposed to assess Illinois hospitals to help pay the cost of converting the hospital reimbursement systems.

The proposal is contained in H.B. 1000, sponsored by Rep. Thomas J. Homer (D-Canton), which advanced to third reading on the House floor May 9. The Senate version, S.B. 500,

sponsored by Sen. Penny Severns (D-Decatur), cleared the Senate Public Health, Welfare and Corrections Committee the same day.

Through the current Medicaid hospital reimbursement system, Illinois Competitive Access and Reimbursement Equity Program (I-CARE), the Illinois Department of Public Aid contracts with Illinois hospitals for inpatient reimbursement on a per-day basis. The IHA proposal, REFORM (Real Equity for Medicaid), would convert the current system to one based on diagnosis-related groups (DRGs). The proposal im-

pacts only hospital reimbursement.

"The hospital industry, through this proposal, is offering to assume, for a period of two years, what would otherwise be the state's obligation to fund half of REFORM," IHA Chairman Gerald M. Harman said in a Springfield news conference.

The IHA estimates the cost of implementing the new system at \$300 million, half of which would be obtained from matching federal dollars. Under the new funding proposal, Illinois hospitals treating Medicaid patients would fund the state's \$150 million share by depositing

one-half of their rate increases under the proposed system into a designated fund to generate the federal matching dollars.

The assessment would take effect in January 1992, when implementation of the new system is proposed. Severns said in committee testimony that the state would only need to provide \$25 million to fund the system for the first month. IHA officials said, however, that estimate was probably an "upper estimate."

Questions persist, however, about the source of funding after the two-

(continued on page 14)

In this issue	
News briefs.....	2
Physician address notice for IDPR.....	2
Pre-judgment interest imperils malpractice	3
Letters to the editor	5
Exchange publishes 1991-92 billing cycle.....	6
Robert Wood Johnson changes research goals	9
TB resurgence concerns health officials	10

UNIQUE 3 DIGIT 200
0513 IM
NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA
MD 20014

Rush Medical College provost, ex-dean dies

Henry P. Russe, M.D., former dean of Rush Medical College of Chicago, died May 10. He was 63.

"Henry Russe excelled as a doctor, [and] as an educator," said George Block, M.D., deputy chairman of surgery at the University of Chicago Hospitals. "His death represents a tragedy and a great personal loss. It is also a loss for American medicine and education."

Dr. Russe had resigned last month from the deanship, a post he had held since 1981, to become interim provost of Rush University and vice president of Rush-Presbyterian-St. Luke's Medical Center in Chicago. He began his career at Rush 12 years ago when he joined the faculty and staff of the medical center. Prior to his tenure at Rush, Dr. Russe held leadership positions at Columbus-Cuneo Cabrini Medical Center and the University of Chicago.

An ISMS member since 1968, Dr. Russe served on the society's Council on Economic and Peer Review and served also on several committees of the Chicago Medical Society. Dr. Russe was president of the Institute of Medicine of Chicago for five terms and chaired the organization's Board of Governors from 1980-86. He was an active member of the Council of Deans of the Association of American Medical Colleges.

Hepatitis A on the rise

With 21 confirmed cases of hepatitis A in Sauk Village, Cook County public health officials say the outbreak is an "unusual, but not uncommon occurrence." Although the department sees about 200 cases a year in suburban Cook County, typical outbreaks are smaller, with more isolated incidences, said spokesman Caryn Cieplak.

When 14 cases were reported to the health department, officials called on the U.S. Centers for Disease Control in Atlanta for help in determining the cause of the outbreak, she said. After testing 337 area residents for hepatitis, CDC found seven more infected residents. CDC staff will interview the 21 patients and other non-infected residents to determine the source. It will still be a few weeks before the source of the infection can be identified, "if we ever know," Cieplak said.

In Chicago, the number of reported cases of hepatitis A jumped dramatically from about 450 in 1989 to 1,289 last year, according to Chicago Department of Health Statistics. CDOH officials attribute most of the large-scale rise to better reporting by physicians and an increased number of hepatitis screenings. CDOH estimates that only 1 percent of hepatitis cases are reported. ▲

— Compiled by Tamara Strom



Wm. Daniels/The Photo Partners

A physician visits the Illinois State Medical Inter-Insurance Exchange booth during the Midwest Anesthesia Conference in Chicago May 10-12. ▲

IDPR requests up-to-date addresses

THE ILLINOIS Department of Professional Regulation reminds physicians to keep up-to-date addresses on file with the department.

"It's the responsibility of each licensee to notify the department of any address changes," said Karen Dunlap, assistant program executive with IDPR's license and testing division. The current medical licensure period ends July 31, 1993.

IDPR mails renewal applications to a physician's last known address at least 60 days before the renewal deadline. Physicians who do not receive renewal forms must contact IDPR, Dunlap added. Doctors who fail to renew on time may face lapses in licensure and insurance coverage and penalties for practicing medicine without a license.

Last year, the Illinois State Medical

Society worked with IDPR to update physician addresses. IDPR's last-known physician addresses were compared with the society's records and the department mailed new address verification notices to physicians with non-current addresses.

All address change notifications for physician and surgeon licenses must be made in writing; telephone notifications are not acceptable. (You may use the notification form below.) Physicians who need to change an address on an Illinois controlled substance license should contact IDPR regarding specific procedures to follow. For more information, contact the Illinois Department of Professional Regulation, Licensure Renewal Unit, 320 W. Washington St., 3rd fl., Springfield, Ill. 62786, or call (217) 782-0458. ▲

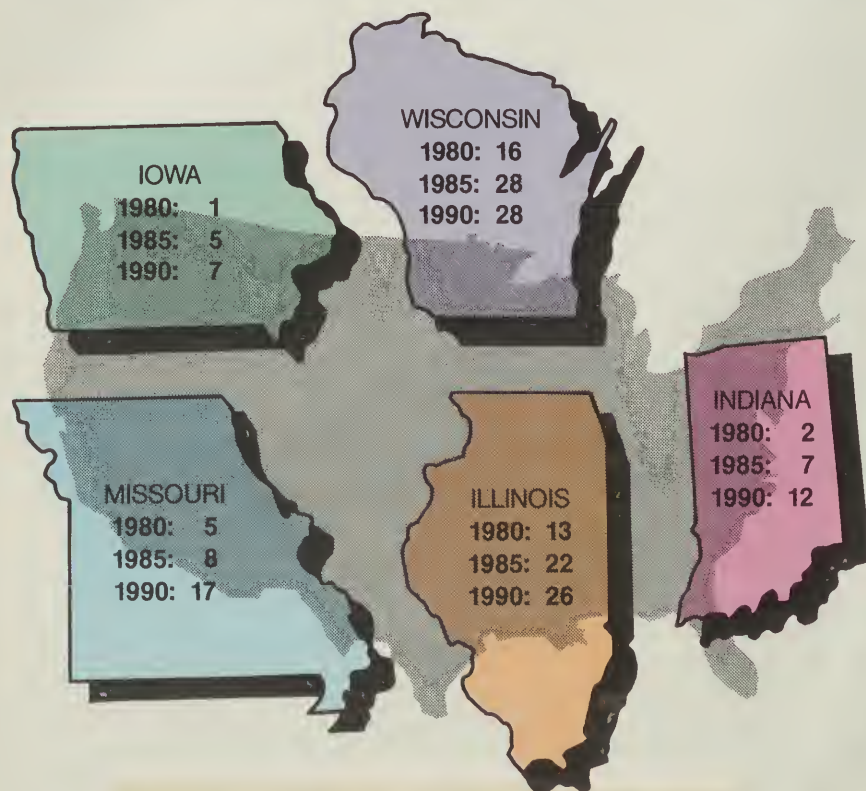
Corrections and clarifications

In the May 10 issue, our story on new officers indicated that Raymond E. Hoffmann, M.D., speaker of the Illinois State Medical Society House of Delegates, had served as a Twelfth District trustee for 14 years. Dr. Hoffmann actually represented the Twelfth District for six years, from 1983-1989.

A reminder box on page 2 of the May 10 issue said that Illinois State Medical Inter-Insurance Exchange policy renewal notices would mail on May 10. The notices were actually scheduled to go out May 13. ▲

Physician Facts

Number of HMOs by selected states: 1980, 1985, 1990



Note: 1980 and 1985 figures as of June 30; 1990 figures as of July 1.
Source of Data: InterStudy, 1991. The InterStudy Edge, Managed Care: A Decade in Review 1980-1990.

Physician Address Change Notification Form

Please type or print legibly

License number :

036-_____

Date of birth:

Registrant's name:

02 Last: _____

02 First, Middle initial: _____

Street address:

(21) _____

(22) _____

(23) _____

(24) _____

(25) _____

(05) City: _____

(06) State: _____

(07) ZIP Code: _____

(08) County: _____

Signature of registrant: _____

Social Security number: _____

Mail to: Illinois Department of Professional Regulation,
320 W. Washington St., 3rd Floor, Springfield, IL 62786

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Pre-judgment interest imperils malpractice, health care costs

A BILL SUPPORTED by the Illinois Trial Lawyers Association, and sponsored in the House by Speaker Michael Madigan (D-Chicago), remains on legislative life support. While it appears the bill, H.B. 1385, will not be called for a vote, it is being kept procedurally viable until the end of the November veto session, Springfield observers say.

The bill provides that liability judgments would draw 9 percent interest per year, compounded annually, from the date the complaint is filed until the judgment is satisfied. The pre-judgment interest would apply only to jury awards; out-of-court settlements would not be affected. In addition, the interest rate would drop to 6 percent for judgments assessed against government entities.

The Illinois State Medical Society opposes the bill because it would immediately drive up awards and costs to professional liability insurers in Illinois. The bill would affect all tort cases, not just medical malpractice, and would generally increase the cost of doing business in Illinois.

Some medical malpractice cases have taken up to 10 years to wind through the Cook County court system from date of filing to resolution. Under the proposed bill, an award reached after 8 years of litigation would double as a result of the compounding interest; that is, a \$500,000 jury award at 9 percent interest would reach \$1 million.

Passage of the bill could negatively affect a plaintiff's decision to negotiate an out-of-court settlement. The plaintiff's willingness to wait out the litigation process to perhaps collect years of above-market interest on even a token award may outweigh the desire to expedite the process for a speedy settlement.

Additional delays in litigation will be inevitable if the bill is passed, ISMS legal advisers say. Attorneys could prolong the discovery and deposition process and delay setting trial dates in order to collect interest on even a minor award. And the plaintiff's bar could also profit from passage of this bill, since attorneys typically assess fees contingent on the size of the final award.

Still unresolved is the issue of tax status of the interest. While legal awards are generally tax-free, interest is usually taxable; language in the bill does not clarify whether the interest would be considered part of the final award or qualify as taxable interest.

Plaintiffs and injured parties have not been injured by the law as it currently stands, ISMS legislative observers note. The time between the alleged incident and the settlement is always a factor in the development of an award. Instituting a retroactive interest penalty on medical malpractice awards subverts the intention of the judge or jury, and could contribute to increasing delays in an already clogged court system.

And by increasing malpractice premiums, a consequence of passage of the bill that is almost guaranteed, health care costs will continue to rise

in Illinois, insurance experts say.

While the bill is currently on third reading in the House, and is not scheduled to be called for a floor vote, its supporters have indicated they will keep it alive procedurally for possible use in the event a bill calling for caps on non-economic damage awards reaches the floor.

Watch for legislative alerts from the society and be prepared to contact your legislative representatives in Springfield, urging them to defeat this proposal. ▲

NEWS ANALYSIS

Keep informed about bills that affect you

PHYSICIAN PARTICIPATION in the legislative process is imperative to ensure that medicine's point of view is represented in the Illinois General Assembly. In the next several issues, *Illinois Medicine* will be bringing you information about specific bills that will impact on the practice of medicine in Illinois.

A number of bills now under consideration would positively affect health care in the state. These include efforts to allow surrogates to withhold life-sustaining treatment for terminally ill patients without first obtaining court approval, a proposal to require motorcycle riders to wear helmets and a plan to require a designated space on all Illinois drivers licenses where drivers can indicate they have executed a living will.

Among those issues ISMS believes would negatively affect medicine are a push for a state-run, single-payer health care system, conditional licensing of physicians who promise to practice in underserved areas, efforts to limit physician freedom in setting charges and attempts by allied health professionals to expand their scope of practice.

Keep informed about legislation that affects your practice and Illinois health care. Write or telephone your representatives and senators about bills you either favor or oppose. Let them know how you feel. ▲

Blue Cross[®] Blue Shield[®] REPORT FOR *Illinois Physicians*

CHANGES COMING BEFORE '92 FEE SCHEDULE

The Medicare physician fee schedule is planned to begin January 1, 1992. A number of initiatives related to the fee schedule must be carried out beforehand. The purpose of this article is to summarize the coming changes so physicians can be prepared.

'BUNDLING' The second phase of the anti-unbundling project is scheduled to begin in May. A greatly expanded list of procedure codes will be subject to routine examination for possible unbundling. If an integral part of a comprehensive procedure is billed separately, the carrier will disallow the unbundled charges. The first phase of the project began in February and involved the components of just 68 comprehensive procedures, but the second phase is expected to involve many more codes.

NEW HCFA-1500 The long-awaited new HCFA-1500 claim form is scheduled for release in September. A transition period is planned. The current and revised versions will both be honored through March, 1992, after which only the revised version will be accepted. Physicians and suppliers should consider the changeover when ordering quantities of the current form.

'SUPERBILL' ELIMINATION HCFA plans to issue a Notice of Proposed Rulemaking in October proposing the elimination of "superbills" as acceptable bills to Medicare. This rule would establish the HCFA-1500 form as the only acceptable claim form.

'GLOBAL SURGERY' Instructions on converting carriers' global surgical packages to a national standard are planned for this summer. Reasonable charges may be changed to reflect the national standard definition of a global surgical package. The April *Medicare B Bulletin* described the global surgical package that is proposed for national use.

FEE SCHEDULE TRANSITION If the 1992 fee schedule payment represents more than a 15 percent change in reimbursement, reimbursement levels will undergo a five-year transition to the full fee schedule amount. Carriers will receive instructions shortly on developing software to calculate the transition amounts. This item is being publicized to inform physicians of the transition provision.

NEW EOMBs A revised Explanation of Medicare Benefits (EOMB) statement is planned for use beginning next January. The Health Care Financing Administration (HCFA) expects to release instructions to carriers in July pertaining to the revised beneficiary EOMB. The carrier will notify physicians and suppliers of changes when available.

TOLL-FREE TELEPHONE SERVICE TO BE ELIMINATED

The Health Care Financing Administration (HCFA) has advised all Medicare carriers that due to significant budgetary constraints the practice of providing toll-free telephone service to providers is being eliminated. However, because of intense efforts by HCFA and Blue Cross and Blue Shield of Illinois to encourage providers to change to electronic billing, Blue Cross and Blue Shield has been given the authority from HCFA to continue the Medicare toll-free lines for electronic media claims (EMC) providers. HCFA and Blue Cross realize a transition period may be necessary to work out procedures for redirecting the provider calls to the Provider Hot Line and are, therefore, delaying the elimination of non-EMC toll-free service to June 1, 1991.

(5/24/91)

Editorials

On the terminally ill

A little more than a month remains in the spring session of the General Assembly. And while lots of attention is justly being paid to the overriding political and financial issues – the income tax surcharge, Medicaid reform, reapportionment – a number of lesser-known but equally important initiatives to physicians merit attention.

Among them is a serious attempt to pass legislation to help families and friends of terminally ill patients. Under the proposed bills, surrogates of terminally ill patients who have lost decision-making capacity could decide to forgo life-sustaining treatment for their loved ones without first obtaining a court order. Similar legislation, an outgrowth of the tragic April 1989 Samuel Linares case, passed the Senate last session, only to die in the House. This urgently needed legislation fell victim to pressure from the plaintiff's bar, which objected to a provision granting civil immunity to physicians, families and surrogates participating in such decisions.

A coalition of interested parties, including the Illinois State Medical Society, the Illinois Hospital Association, the Illinois State Bar Association, the Chicago Bar Association and the Catholic Conference of Illinois, is working to craft a bill that can pass both houses this session. It is vitally important that this effort succeed. Granting this relief to physicians, families and close friends who must face the agony of deciding how best to care for terminally ill patients is long overdue.

A related bill also merits swift approval. The House has passed a bill requiring the secretary of state to designate a space on Illinois drivers licenses indicating the bearer has signed a living will.

Conversely, the Senate Judiciary I Committee was correct in rejecting legislation amending the Living Will Act that would have changed the definition of a terminally ill patient. The new language would have made it impossible to turn off a life-sustaining machine until the patient had died. But as several witnesses and senators observed, the bill is contrary to the intentions of thousands of Illinoisans who currently have signed living wills. The same bill is still alive in the House, however, where it should be defeated.

Nurses & hospitals

May 6-12 was National Nurses Week and May 13-17 was the designated week for hospitals. Much is made of the occasional conflicts between physicians and nurses and hospital administrators. These conflicts frequently play out in the legislative arena, where initiatives of each sometimes run into each other's opposition. Indeed, some of that is happening now in Springfield.

But when it comes to striving for the best, most compassionate, most efficient and cost-effective medical care for our patients, there is no disagreement. The operative phrase is *our patients*. In the final analysis, these same doctors, nurses and hospital officials have the same goal: providing the best possible care to our patients. The physicians of Illinois salute their partners in health care on their respective weeks of celebration. ▲

Illinois Medicine

VOLUME 3, NUMBER 10

MAY 24, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., *President*
George T. Wilkins, Jr., M.D., *Chairman of the Board*
Alexander R. Lerner, *Executive Vice President*

Illinois Medicine Committee

Joan E. Cummings, M.D., *Chairman*
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, *Editor*
Carla J. Nolan, *Managing Editor*
Kevin O'Brien, *Executive Editor*

Advertising Information

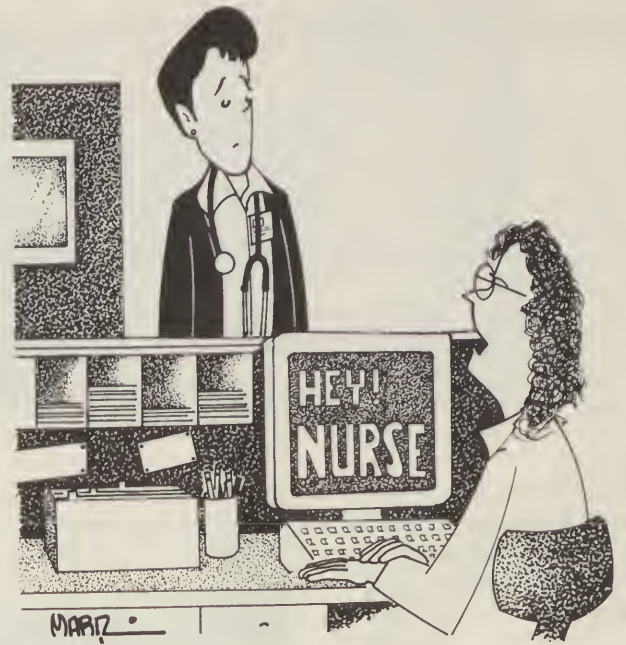
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



"I never thought I'd say this ... but I actually miss the old call-button system."

President's Column

How do our patients become partners in their health care?



Robert M. Reardon, M.D.

Historically, patients have always looked to doctors to solve health problems. Now they must also look to themselves. This will save lives, improve quality of life and save health care dollars.

As physicians, we are viewed as trusted medical experts when family members become ill. In that role, patients perceive us as the most visible and approachable members of the health care team. Today's physicians need to create a special bond with their patients, making them partners in their own health care. To do that, prevention, diagnoses and treatments must be advocated and explained carefully so patients can more fully understand their role in regaining and maintaining their health.

We need to reinforce healthful behaviors, reminding patients that habits like smoking, drinking, overeating and improper diet, and sexual promiscuity may have adverse effects on their well-being. To stimulate a proper diagnosis, we need to help patients be aware of their family histories and to help them ask the right questions. Patients must be thorough and honest with their physicians so we can provide them with the most accurate diagnoses. They also need to understand that we, alone, cannot provide them with cures or miracles; they must be participants in their cures.

Often physicians are like crime investigators, with the patients holding clues to the solution. We need to listen to our patients carefully and be willing to discuss all the options with them. We need to figure out creative ways to show them the impact of their unhealthy behaviors on their health.

We have a perfect opportunity to educate patients about how to take responsibility for their own health care. Patients look to physicians for leadership; they are our captive audiences. We need to use our time with them well, evaluating both their complaints and comments carefully, while securing and maintaining their trust. Patients look to us for advice; we need their input. But our responsibilities go beyond that.

Patients need to understand the importance of following our instructions on using medications, possible drug interactions and side-effects to expect and when they need to further consult us. Preventive care is less costly and more effective, not only in dollars but in its emotional and societal impact.

It is less costly to treat a breast cancer the size of a grain of sand, detected by a mammogram, than it is to treat a grape-sized lump detected during a breast exam. It is less costly to teach our patients the dangers of drugs and alcohol abuse than it is to pay for the harm caused by addicts and dealers.

Quality health care has a rich heritage in America. Nevertheless, to ensure quality medical care for future generations, we must take the responsibility to work at maintaining the confidence of our patients. We need to forge a partnership with our patients to help them become more vigilant in guarding their own health and become better health care consumers, for all our sakes. ▲

Robert M. Reardon, M.D.
President



Abortion stand?

Re: *Illinois Medicine* headline April 26, "ISMS House Declares Physician Participation in Executions Unethical."

At last *Illinois Medicine* is taking a stand on abortion.

James W. Ford, M.D.
Wilmette

Ethics askew

It is strange indeed, that it is unethical to inject a fatal dose of drugs to a murderer who has received a fair trial and numerous appeals, and at the same time it is considered very ethical and proper to abort an innocent baby.

What a screwed up sense of ethics!

James E. Gottemoller, M.D.
Streator

Budget cuts too severe

The Illinois Alcoholism and Drug Dependence Association, which represents alcohol and other drug prevention and treatment providers throughout Illinois, would like to correct your March 29 articles "Edgar Proposes IDPA Budget Cuts" and "Prevention Heads Governor's Budget Priorities." Unfortunately, proposed budget reductions to both the Illinois Department of Alcoholism and Substance Abuse and the Illinois Department of Public Aid are more severe than your article indicates and could result in the undermining of an already underfunded alcohol and other drug prevention/treatment system in Illinois.

The budget books are misleading because the DASA budget includes spending authority for grant dollars that the Addictions Research Institute is unlikely to receive. The proposed \$8 million cut in the IDPA budget for alcohol/drug services is actually projected to be \$18 million to \$23 million in fiscal '92. This \$18 million to \$23 million "savings" would cost an estimated \$115 million in medical benefits for those Medicaid clients who would be turned away from treatment.

Medicaid reimbursement has permitted a significant increase in substance abuse treatment capacity. The sickest, poorest and neediest are those who benefited most from this service expansion. In the first half of fiscal '91, more than 4,000 Medicaid clients were admitted to alcohol/drug treatment. These individuals are indigent: Ninety percent have incomes of less than \$7,500; half are

African-American and 5 percent are Hispanic; more than half are women (more than 5 percent of whom are pregnant); more than 20 percent are youths under age 22; nearly 15 percent are referred from the criminal justice system and 12 percent come from the Illinois Department of Children and Family Services system.

A Medicaid cut of this magnitude will destroy the progress that has been made in recent years, forcing treatment providers to expel one in every six clients. Without treatment, individuals and families will manifest tragic and costly problems, including remaining in the welfare system, suffering from HIV disease and other serious medical disorders, involvement with DCFS and involvement

with the criminal justice system. Every Medicaid dollar invested in alcohol/drug treatment returns \$5 in reduced health care expenses — not down the road, but immediately.

IADDA appreciates the governor's need to balance the budget and the difficult decisions he must make regarding which services can and cannot be eliminated. We believe alcohol and other drug addiction is our No. 1 health and social problem, underlying our most costly and troubling health and societal woes. We hope Illinois State Medical Society members agree on the need for sufficient publicly funded resources. The most effective way of reducing the cost of health and social programs to Illinois taxpayers is to adequately

fund alcohol and drug treatment, permitting citizens to be healthy and productive employees, parents and community members.

The loss of Medicaid funds and reduction of DASA's service capacity would result in an unprecedented crisis in Illinois. We cannot afford, in monetary or human terms, to permit the dismantling of the publicly funded treatment system. IADDA hopes ISMS members will support adequate funding for substance abuse treatment in Illinois.

Mary Ann Anderson
Executive Director
Illinois Alcoholism and Drug
Dependence Association

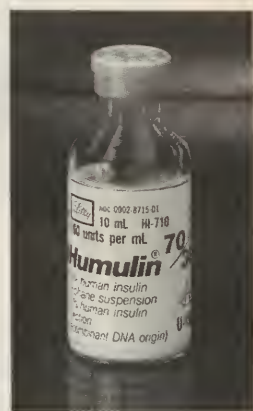


For your insulin-mixing
or NPH-using patients

Humulin^{70/30} makes life easier

Rapid onset and sustained
duration insulin activity
in a single vial

- May offer enhanced control through a more physiologic activity profile
- Accurate dosing—eliminates mixing errors
- Convenient premixed dose for better compliance
- Easy to use—for patients who find mixing difficult



Specify
Humulin^{70/30}
70% human insulin
isophane suspension
30% human insulin injection
(recombinant DNA origin)

**Humulin has
just the right mix**

Any change of insulin should be made cautiously and only under medical supervision.

Changes in refinement, purity, strength, brand (manufacturer), type (regular, NPH, Lente®, etc), species (beef, pork, beef-pork, human), and/or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage.

Leadership In Diabetes Care



Eli Lilly and Company
Indianapolis, Indiana
46285

© 1991, ELI LILLY AND COMPANY HI 2921-B-149322

Exchange publishes billing schedule for 1991-92 policy year

THE ILLINOIS State Medical Inter-Insurance Exchange has announced the following billing schedule for the 1991-92 policy year. The new schedule, effective July 1, is designed to improve the premium collection process and save all policyholders administrative costs.

Under the new billing cycle, quarterly invoices will be mailed seven weeks before the payment due date. Termination notices will be mailed immediately after the payment due date, five days sooner than the previous schedule, to those policyholders who do not pay by the due date. *Policies will be canceled two weeks after the payment due date if the invoice remains unpaid.* In order to be reinstated after the cancellation date, a policyholder must be approved by a special underwriting process. ▲

1st quarter: July 1 - Oct. 1, 1991:

Renewal invoice
Termination notice
Cancellation for non-payment

Issue Date

May 13
July 1
July 16

Due date

July 1
Overdue

2nd quarter: Oct. 1, 1991 - Jan. 1, 1992:

Quarterly continuation invoice
Termination notice
Cancellation for non-payment

Issue date

Aug. 9
Oct. 1
Oct. 16

Due date

Oct. 1
Overdue

3rd quarter: Jan. 1 - April 1, 1992:

Quarterly continuation invoice
Termination notice
Cancellation for non-payment

Issue date

Nov. 8
Jan. 1
Jan. 17

Due date

Jan. 1
Overdue

4th quarter: April 1 - July 1, 1992:

Quarterly continuation invoice
Termination notice
Cancellation for non-payment

Issue date

Feb. 7
April 1
April 16

Due date

April 1
Overdue



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. And enjoy the satisfaction of a general practice without the financial and management burden. Today's Air Force offers an exciting medical environment and a non-contributing retirement plan for physicians who qualify. Learn more about becoming an Air Force physician. Call

**USAF HEALTH
PROFESSIONS
TOLL FREE
1-800-423-USAF**



Exchange Q & A



Physicians are encouraged to submit their inquiries to: Exchange Q & A, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602.

Q: I have been asked to be a summer camp physician for two weeks in July. Will my Exchange policy cover me?

A: Yes. You should provide the Exchange the following information:

- Name and location of the camp
- Length of time you will serve
- A copy of your temporary medical license (if the camp is outside Illinois).

Q: I will be leaving my practice for two months this summer. Can I get insurance coverage for a substitute physician who is not insured with the Exchange?

A: Yes. *Locum tenens* coverage is granted to a doctor not insured by the Exchange who is substituting for an Exchange-insured physician.

Coverage can be granted under an endorsement in the Exchange physician's policy that adds the substitute doctor as an "additional insured." *Locum tenens* coverage is provided for a maximum of 90 consecutive days.

The premium involved depends on the number of substitution days, and is a direct percentage of the Exchange-insured physician's quarterly premium (for example, 1 to 15 days at 17 percent).

Applications for *locum tenens* coverage and additional information can be obtained by contacting the Exchange Underwriting Division. ▲

Dividend credits were included with May 13 premium notices. We asked Exchange policyholders:

What are you going to do with your dividend credit?

ILLINOIS STATE MEDICAL
INTER-INSURANCE EXCHANGE

NOTICE OF PREMIUM DUE

General surgeon, Rockford

Policy number: F2004A
Due date: 07/01/91

Description of individual coverage:
Class: 5 Territory: 3
Policy limits: \$2,000,000/each claim \$4,000,000 aggregate/year

Basic quarterly premium: \$5,676.00

Credit due to dividend for 1986/1987: (\$ 977.00)
Credit due to dividend for 1987/1988: (\$ 820.00)
Total due: \$3,879.00

This invoice reflects a **\$1,797** credit from dividends for 1986/87 and 1987/88 policy years.

ILLINOIS STATE MEDICAL
INTER-INSURANCE EXCHANGE

NOTICE OF PREMIUM DUE

Family physician (no minor risk procedures, no surgery), Peoria

Policy number: F20031
Due date: 07/01/91

Description of individual coverage:
Class: 1 Territory: 3
Policy limits: \$1,000,000/each claim \$3,000,000 aggregate/year

Basic quarterly premium: \$1,424.00

Credit due to dividend for 1986/1987: (\$ 220.00)
Credit due to dividend for 1987/1988: (\$ 186.00)
Total due: \$1,018.00

This invoice reflects a **\$406** credit from dividends for 1986/87 and 1987/88 policy years.

ILLINOIS STATE MEDICAL
INTER-INSURANCE EXCHANGE

NOTICE OF PREMIUM DUE

Obstetrical and gynecological surgeon, Skokie

Policy number: F2002S
Due date: 07/01/91

Description of individual coverage:
Class: 6 Territory: 1
Policy limits: \$1,000,000/each claim \$3,000,000 aggregate/year

Basic quarterly premium: \$12,289.00

Credit due to dividend for 1986/1987: (\$ 1,882.00)
Credit due to dividend for 1987/1988: (\$ 1,679.00)
Total due: \$ 8,728.00

This invoice reflects a **\$3,561** credit from dividends for 1986/87 and 1987/88 policy years.

"I've already contributed my dividend to two good causes, the ISMS Medical Student Loan Fund and the Illinois State Medical Society's Political Action Committee (IMPAC). I have a strong personal commitment to give back something to medicine, because it's been good to me."

"I'm going to use it to increase my contribution to the ISMS Medical Student Loan Fund. We have to do something to make it easier for people to go into and stay in medicine. Medical students need help now more than ever."

"Overall, the credit will be taken into account for patient charges — it means less of an overall increase in office expenses. Other charges are going up, but this is at least one thing that's not going up, which compensates for other expenses."

Earn 28 CME credit hours, Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY June 27-June 30, 1991 • Hyatt Regency • Chicago, Illinois

CARDIOVASCULAR/HYPERTENSION ADVANCES IN MEDICINE

THURSDAY, JUNE 27
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Michael E. DeBakey, MD
Chairman: Emil J. Freireich, MD

CANCER GERONTOLOGY

FRIDAY, JUNE 28
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Edward J. Beattie, MD
Chairman: Leon Resnekov, MD

NUTRITION GASTROENTEROLOGY

SATURDAY, JUNE 29
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: James W. Anderson, MD
Chairman: Joseph B. Kirsner, MD

SUNDAY, JUNE 30

(8:00 am-12:00 noon)

Chairperson: Domeena C. Renshaw, MD

BREAKFAST CONFERENCE SEXUAL MEDICINE

SPECIAL FUNCTIONS

Continental Breakfast-Banquet-Cocktail Reception

REGISTER EARLY and
BE ELIGIBLE TO WIN
AIRLINE TICKETS FOR TWO
Anywhere in Continental US
American Airlines

CERTIFICATION

AMA—Earn 28 credit hours
Category 1 for the
Physicians' Recognition Award
AAFP—Earn 25 prescribed hours

Located Nearby: Art Institute
and Museums. The Magnificent
Mile for shopping and enter-
tainment. Boating, swimming
and Golf along the lake front.

AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY HYATT REGENCY HOTEL—CHICAGO, ILLINOIS JUNE 27-30, 1991 REGISTRATION FORM

Dr. _____

Address _____

City, State, Zip _____

Membership Dues: \$80

Meeting Admission: Members

\$350 Preregistered \$475

\$400 At Door \$525

Nurses/Technicians/Assistants \$150

Nonmembers

Retirees (Fully Retired) \$80

..... \$80 with letter from department chairman

..... \$80

☐ Check

☐ MasterCard

☐ American Express

☐ VISA

Card No. _____ Exp. Month _____ Year _____

Make check payable to: American Society of Contemporary Medicine and Surgery
233 E. Erie Street—Suite 710, Chicago, IL 60611.

\$25.00 Cancellation Fee No Refunds after June 1, 1991

REGISTER NOW by mail or call 1-800-621-4002 Illinois 312-951-1400

Change presents challenges for Chicago Medical School dean

by Catharine Reeve

A CELEBRATED "Sesame Street" character has popularized a plaintive song about how "it's not easy being green." Given the opportunity, many a medical school dean would change the words to, "It's not easy being dean." So demanding is the role, in fact, that there is an approximate 25 percent turnover each year among medical school deans in this country.

Marshall A. Falk, M.D., is one of the survivors. He has been dean of his alma mater, the Chicago Medical School, since 1974.

"It's not the same job that it was," says Dr. Falk. "It's changed tremendously because the practice of medicine has changed tremendous-

ly. Social, legal and business issues are important today that were not significant earlier. The federal money is gone, and it's harder to get grants. You have to be more innovative. And now you have to worry about the hospitals being able to survive."

Dr. Falk was dean when the Chicago Medical School moved from the city to its 92-acre site in North Chicago in 1980. There were "major difficulties," he says, and some of the faculty elected not to come to the new location. The difficulties also offered opportunities.

"You don't often get a chance to take a job where you can see such changes, and where you can recruit people and develop programs," he

says. "It's satisfying to see how the school has grown and improved. I have a lot of leeway to do what I want. So it's fun, even with all kinds of problems."

One reason deans leave medical schools so frequently – or sometimes are asked to leave – is the lack of support from the top. That has never been a problem for Dr. Falk, who says that he has enjoyed an unusually supportive relationship with the school administration throughout his 17-year tenure. Access to the university president is often immediate, whether the dean wants to discuss a problem or get input on an idea. The dean's role in the total university complex was cemented in 1982, when he was named the executive vice president of the University of Health Sciences, the umbrella organization under which the Chicago Medical School falls.

To Dr. Falk, as to any dean, students are the most important thing about the Chicago Medical School. "We've developed a reputation as a medical school that really cares about students," says the dean, who often answers the office phone himself. "There is a family atmosphere here. Students sit on every one of our committees, including the Board of Trustees. The accessibility of the faculty to the students is enormous. My real satisfaction is to see our kids come in, immature and full of fantasies, and watch them develop into mature adults. It's very rewarding."

The Chicago Medical School has a student body of 600 and each year graduates 150 new physicians. Many remain in the Chicago area; one of every 10 active physicians in the Chicago area is a Chicago Medical School graduate. While applications to medical schools are increasing about 15 percent a year nationally, applications to the Chicago Medical School increased 30 percent for the 1991-92 school year.

Chicago Medical School students get their hospital experiences through medical school affiliations, notably Cook County Hospital and Mount Sinai Hospital Medical Center, as well as the North Chicago Veterans Affairs Medical Center.

The school's affiliation with the North Chicago VA has come under fire recently. U.S. Secretary of Veterans Affairs Edward Derwinski placed the medical school's affiliation on probation after admitting that poor care contributed to the deaths of at least eight patients. The general surgery program is on probation and all vascular and orthopedic surgery is suspended at the hospital.

For the probation of the school's affiliation to be lifted, the Chicago Medical School must fashion a new affiliation proposal reflecting the hospital's new, narrower mission of long-term primary care.

"The hospital is restructuring its mission," Dr. Falk said. "We have no problem with this restructuring at all. It will require a shift in some of our faculty and some student programs, but it will not be a problem."

The shift of focus to primary care



Marshall A. Falk, M.D.

for the mostly geriatric population at the North Chicago VA will offer valuable experiences for students in surgery, internal medicine and other subspecialties, he said. "We will still be doing surgery and medicine, but it will be specialized to the geriatric patients, who tend to be much sicker," Dr. Falk says, noting that as America's population ages, physicians will care for more older patients. "We look at this as a teaching opportunity to expand and develop our gerontology program."

Urban and primary care medicine are areas well known to Dr. Falk, first through the general rotation internship he did at Cook County Hospital in 1956-57, and then through the two years he spent in the Army, stationed in Dugway, Utah.

Dugway may not ring a bell today, but in the 1950s, when Dr. Falk was there, it was famous for being near the Nevada flats, where the atomic bomb tests were held. The young doctor was appointed chief of obstetrics at the 50-bed hospital, but served as the small town's general practitioner. "I did tonsils, appendectomies, all kinds of things," he says. "I had to take care of all the emergencies myself, because there was nobody else around to do it."

The experience led Dr. Falk to go into family medicine, and he practiced in that capacity for five years after he left the Army. But the climate of the times wanted specialists, not general practitioners. He decided to specialize in psychiatry, which he has been practicing since 1967.

"If I had gone into that field right away," he says, "I would have been a lousy psychiatrist; I wouldn't have understood the other end, that you must look at the family environment. You're not just looking at the person, but at the larger picture."

The holistic approach Dr. Falk learned through family practice and psychiatry is what he strives to instill in Chicago Medical School students as they are exposed to patients in the clinics and hospitals. "The emphasis on primary care here is not only on the more common kind of illnesses," he says, "but on the whole spectrum of care of the individual." ▲

(Editor's note: This article is the fifth in a series profiling Illinois' medical school deans.)

YOCON[®] YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it, however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

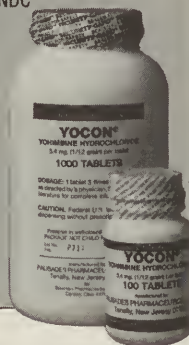
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**

219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Robert Wood Johnson announces new goals for health grants

by Tamara Strom

TO BETTER ADDRESS the changing needs of the U.S. health care system, the Robert Wood Johnson Foundation has radically altered its grant objectives, according to the organization's new president, Steven M. Schroeder, M.D.

Many of the foundation's future grants will be targeted toward the growing dilemma of substance abuse in the United States, which Dr. Schroeder terms "America's No. 1 health problem." Other grants will address access to care and health services for chronically ill patients.

"The problems of health care and the health care system are complicated and deeply rooted," said Dr. Schroeder, who spearheaded the goal changes for the foundation. "If there is [a primary] problem with the public health in the United States, it's substance abuse. As important as HIV is, substance abuse is the No. 1 problem," he added, citing the ravages caused by crack, alcohol and tobacco in young people.

A greater number of grants may be given to schools and community groups to help tackle substance abuse among children and teenagers, Dr. Schroeder said. In particular, more community-based grants will be given, which differs from the foundation's earlier focus on health care delivery institutions.

"The medical field probably doesn't influence the kinds of decisions young people make about alco-

hol, cigarettes and driving very much," said Dr. Schroeder. Thus, fulfilling the foundation's basic mission to improve the nation's health will dictate providing grants to other organizations and programs to supplement those provided to health care institutions.

Physicians may not be the most effective adults to talk to teenagers about drugs and alcohol, Dr. Schroeder said. "I don't think the medical community has done anything wrong, I just think it can only have so much influence," he said. "There are data to show that doctors underdiagnose problems of substance abuse. So I think one can make the theory that they need to be more vigorous and be suspicious for [substance abuse] in patient care."

Since the foundation's inception in 1972, Illinois health care facilities have received more than \$43 million from Robert Wood Johnson for research projects and health programs. Nearly \$7 million in grants are currently in force throughout the state. The foundation projects it will provide about \$175 million in health care grants nationwide this year.

Through its grantmaking, the foundation also will "seek opportunities to help the nation address the problem of escalating health costs," Dr. Schroeder said. "If the country doesn't want to deal with access because it will cost money, we will have to stimulate the interest of those who can deal with the problem - leg-

islators and others. [We will have] to force these issues onto the public agenda."

Increasing access is not a popular political issue, Dr. Schroeder said, because it takes money to extend health care to those without it. "You don't hear [access] talked about when people run for governor or senator, and it's definitely not a part of the presidential campaign," he noted. "It costs money."

The foundation also hopes to improve access by helping to ease other problems in the health care system, including physician distribution, Medicaid underfunding and medical malpractice. The foundation cur-

rently funds several research projects around the country that examine the effect of medical malpractice on the health care system.

Future work also will be done to address the shortage of primary care physicians, Dr. Schroeder said. "We're going to have to stimulate, cajole, bribe medical schools to be more invested in altering their product mix," he said. "There are some foundations that are getting out of medical school grants because they think no matter what you feed in, the same 'sausage' comes out the other end. But we're wrestling with how to make a difference there." ▲

When you need a lawyer, trust a physician

If you need an attorney, you want assurance that your lawyer understands the legal aspects of modern medical practice. Thomas J. Pliura, M.D., J.D. is a physician and an attorney concentrating his practice in the area of medical law. His background gives him a unique perspective on the needs of physicians involved in malpractice litigation or peer review organization disputes.

He can:

- directly defend you in a malpractice suit
- represent your interests in disputes with peer review organizations
- monitor the insurance carrier's attorney in malpractice suits to make sure your best interests are protected.

**When you need a lawyer
so you can practice medicine, contact
Thomas J. Pliura, M.D., J.D.
Physician and Attorney
P.O. Box 130 LeRoy, IL 61752
(309) 724-8374**

Why does JACKSON & COKER recruit more physicians each year than any other company?

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
& COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

TB resurgence concerns public health officials

by Stacie Crozier

AS RESEARCHERS TRY to find cures for diseases like cancer, heart disease and AIDS, a plague from the past – tuberculosis – is making a swift and often deadly comeback.

In 1944, at its peak, more than 126,000 cases of TB, or about 95 per 100,000 people, were reported. From the 1950s, the morbidity rate declined for three decades to about nine cases per 100,000 in 1984. Since 1985, however, TB incidence has risen, fueled largely by increasing incidence of TB in patients diagnosed with HIV.

"It is an uncomfortable resurgence and a matter of public health concern," said Donald Kopanoff, associ-

ate director of external relations for the division of tuberculosis elimination at the U.S. Centers for Disease Control in Atlanta. "TB has been preventable, treatable and curable for 30-some years. We ought not to be in this situation."

Kopanoff noted that preliminary figures for 1990 show about a 9 percent national increase in TB incidence over 1989 – nearly 25,700 reported cases nationwide. The turnaround became apparent when the annual trend of 5 to 7 percent decreases in cases seen each year leveled off in 1985 and, in 1986, increased nearly 3 percent.

Illinois parallels the national trend, said Ben Atkinson, tuberculosis control section chief at the Illi-

nois Department of Public Health.

"It's significant that after years of declining morbidity we're seeing it rise," said Atkinson. "TB is no longer under control."

AIDS a factor in TB spread

Starting in 1981, reported AIDS cases showed a sharp annual increase, Atkinson said. AIDS patients are more susceptible to TB infection and disease and are also more difficult to diagnose and treat, he added.

Many AIDS patients may have false-negative reactions to TB skin tests because of their immunosuppression. TB may also present differently in immunocompromised patients – in the lymph nodes for example, or in the lower lung. A longer course of

treatment is necessary for AIDS patients and often isoniazid or rifampin, antibiotics used to treat TB, cannot be used.

The AIDS-TB connection may be even more alarming than CDC and public health statistics show, said Richard W. Biek, M.D., deputy commissioner of the Chicago Department of Health.

"The problem in tracking the figures is that CDC has been counting only non-pulmonary cases of TB for HIV patients," Dr. Biek said. "So there may be many more cases out there. In fact, in other than AIDS patients, TB incidence could still be declining for all we know."

CDC, Dr. Biek added, plans to revise the data for Chicago, beginning with the 1991 figures, by counting pulmonary TB cases in HIV patients.

"When we count TB cases in Chicago that aren't HIV- or AIDS-related, we don't see the dramatic rise that's being reported overall. TB without AIDS is still holding its own," Dr. Biek said.

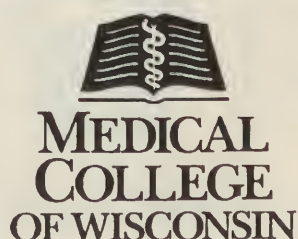
Other high-risk groups seeing an increased number of TB cases include the very young, because of their immature immune systems; the elderly, whose immune systems break down with age; people in prison and long-term care facilities, who may be more easily exposed to the disease; the homeless, whose

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex



Illinois counties with highest 1990 TB incidence

Cook	851
Lake	44
DuPage	43
St. Clair	19
Will	15
Kane	13
Peoria	13
Winnebago	10
Rock Island	8

Source of data: Illinois Department of Public Health.

health and living conditions make it difficult to fight illness; substance abusers, who may share needles or come in close contact with others who have TB; and the foreign-born, who are exposed to a much higher rate in the countries of their birth and may bring either active disease or infection with them to the United States.

The subset of high-risk groups also breaks down into geographic areas, Atkinson said.

"More than three quarters [76 percent] of all new cases reported last year in Illinois were in Cook County, and 63 percent were in the city of Chicago. All in all, only eight counties had 90 percent of all reported cases," he noted.

TB has not been eliminated, Atkinson added. After TB sanitariums closed, giving way to outpatient therapies, the medical community as well as the public may have perceived that the disease was eliminated. This perception led to drastic cuts in funding for TB control through public health departments.

"The budget for TB control for the entire United States is \$9 million

(continued on page 13)

Board Briefs

The Illinois State Medical Society Board of Trustees met April 11 at the Westin O'Hare in Rosemont. Following are highlights of the board's actions:

National Practitioner Data Bank expansion protested

The board approved ISMS contacting the Health Resources and Services Administration to oppose the expansion of reportable items to the National Practitioner Data Bank. The board cited as its major concern the increasing prospect of loss of patient confidentiality.

Tort reform protection sought

ISMS will submit an *amicus curiae* brief in the *McAlister vs. Schick* case in the Second District Appellate Court. A successful outcome in *McAlister*, an Illinois State Medical Inter-Insurance Exchange case, would protect the requirement for an affidavit of merit before a medical malpractice suit can be filed.

ISMS and medical schools discuss health care access

ISMS hosted a meeting of Illinois medical school deans to discuss health care access initiatives. The board learned that: Medical schools have limited ability to direct students to final practice settings; medical

school debt inhibits physicians from choosing a primary care specialty and/or an underserved area; medical students from underserved areas are more likely to choose to practice in those areas; the medical education system alone cannot bring about change in health care access; medical training creates for the young physician the expectation that a physician's work setting will have comprehensive diagnostic and treatment capabilities; Illinois medical schools now provide educational experiences in underserved areas and state medical schools provide more such experiences; and, there is a need for family practice role models in medical schools.

Residency program director seminar planned

ISMS will again host a residency program directors seminar on licensing and coping with residents this fall. This will be the fourth annual program for Illinois residency program directors.

ISMS helps physicians deal with impairment

ISMS offers an intervention training videotape, on a free loan basis, along with materials for physicians who want to be trained as interveners. Intervention is a process that physicians and others use to help a physician acknowledge impairment and to motivate that physician to initiate treatment and recovery. State law provides interveners immunity from prosecution, except for willful and wanton misconduct. ISMS also offers

guidelines to physicians interested in forming hospital committees to assist impaired physicians.

Focused CME information to be monitored

ISMS will monitor focused CME education in Illinois and throughout the country in response to the growing concern among physicians and regulatory bodies about the learning needs of practicing physicians.

HCFA beneficiary complaint procedures protested

ISMS has protested to the Health Care Financing Administration that agency's position that physicians not be notified of the general nature of a complaint by a beneficiary. ISMS maintains that physicians have a right to be informed about any complaint lodged against them.

DNR policies proposed to CCFMC

At the request of the Crescent Counties Foundation for Medical Care, ISMS proposed the following do not resuscitate (DNR) policies: 1) A DNR order should be written in the doctor's order section of the medical record by the physician primarily responsible for the care of the patient; 2) the medical record should contain in the progress notes both the reasons for the DNR and the process by which it was obtained; 3) if other therapies are to be withheld or withdrawn, the reasons should be documented in the medical record; and 4) revocation of the DNR order

should be written in the order sheet and the reason documented in the medical record.

Accreditation surveyors' guidelines offered

Members of the ISMS Committee on CME Activities, intrastate CME sponsors and active CME site surveyors will receive a new ISMS accreditation surveyor's handbook free of charge. Other organizations may purchase the monograph for \$10.

New drug products reviewed

ISMS recommended to the Illinois Department of Public Aid that it include Phoslo, Ceptaz, Zofran and Idamycin in its drug manual, and not include Prosom, Cardura, Ultravate, Vascor and DynaCirc, as well as Carnitor and Rythmol.

ISMS to support resident for AMA office

The board agreed to support Anthony Griffin, M.D., of Chicago, for the resident position on the American Medical Association's Council on Constitution and Bylaws at the AMA's June meeting in Chicago. ▲

For more information on topics mentioned, or to order materials, please write the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602 or call (312) 782-1654 or (800) 782-ISMS.

CONSULTING SERVICES FOR PHYSICIAN DIRECTED LABORATORY

LABORATORY DOCUMENTATION
AS REQUIRED BY
STATE AND FEDERAL REGULATIONS
CUSTOMIZED PROCEDURE MANUALS
EQUIPMENT MANUAL
SAFETY MANUAL
QUALITY ASSURANCE

LABORATORY CODING AUDITS
IDENTIFY INCORRECT CPT CODES
MAXIMIZE MEDICARE REIMBURSEMENT

LAB FEASIBILITY STUDIES:
LAB STARTUP AND EXPANSION
INSTRUMENT PROCUREMENT
REQUISITION /REPORT DESIGN
QUALITY CONTROL SYSTEMS

CONTACT:

R.P. NAYYAR, Ph.D
CHARLES B. ROOT, Ph.D

MED SOURCES

1080 NERGE ROAD, ELK GROVE IL. 60007
TEL (708) 351-1710, FAX (708) 351-6001

Lead a double life.



The Army Reserve can help you get away from the everyday routine and add a little adventure to your life on a part-time basis.

Take a break once a month with the Army Reserve and experience a different kind of medicine, with opportunities and challenges you won't find in

civilian practice.

- You'll work with top, dedicated professionals.
- You'll have flexibility in how and when you participate.
- You'll be offered conferences and continuing education.
- You'll have opportunities for military training in areas like Advanced Trauma Life Support, Parachuting, Flight Medicine and Mountaineering.
- You'll have the rank and privileges of an Army officer.

If you'd like an exciting change of pace, consider the Army Reserve. For more information, contact one of our experienced Army Reserve Medical Counselors. They can arrange for you to talk to an Army Reserve physician and visit a Reserve Center or medical facility.

Call collect: (708) 541-3644

Or write: MAJOR HARRY RUBIN OR MAJOR CHARLES DAWSON
DEERFIELD EXECUTIVE CENTER—#225
1020 MILWAUKEE AVENUE
DEERFIELD, IL 60015

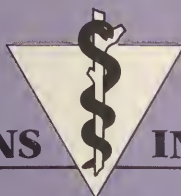
BE ALL YOU CAN BE.®
ARMY RESERVE



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Third party payers

(continued from page 1)

and where it's happening, [the charge] is hot air as far as I'm concerned. Hearsay and anecdotes are not useful to anybody."

Dr. Blonsky said that physicians treating injured workers may have a justifiable reason to charge more for their care: increased paperwork. The paper trail generated by a workers' compensation claim is much greater than that of a patient "who only has an occasional insurance form to be filled out," he noted. In addition, many workers' compensation claims are contested cases, leaving the medical bills unpaid until the case goes before an arbitrator, "which could take months or years," he said. "A greater burden is put on those physicians who work with the injured workers at the expense of seeing their other patients."

Jeopardizes free care

Dr. Reardon also noted the proposed legislation could inhibit physicians from providing free care to their patients. "The reality of this bill is that it would increase the hassle factor for physicians," Dr. Reardon said. "The language of the bill appears to make it impossible for

"Singling out physicians by legislating what they can charge is unfair ... and may reduce access to care for Illinois' patients."

— Robert M. Reardon, M.D.

physicians to discount their fees for patients or even to provide free care if they choose. Doctors would have to bill patients, even though they do not expect payment, and then write off the charges. It's added paperwork, and in the long run will increase costs."

Dr. Reardon said he is dismayed that the legislation singles out physicians for this restriction. HMOs, PPOs, Medicaid, Medicare and hospitals would be exempt from the provisions of H.B. 1626. "This bill still permits hospitals to shift costs, but clamps down on physicians who either try to recover their costs for excessive paperwork or who altruistically want to offer free or discount care to those who cannot afford the regular charge," he said. "This is a fairness issue for physicians as well."

In addition, Dr. Reardon said, this legislation reflects the "mistaken attitude" that physician charges represent the bulk of health care costs. "Once again, we're victims of a 'kill the messenger because you don't like the message' attitude," he said. "Singling out physicians by legislating what they can charge is unfair, doesn't contribute to controlling costs and may reduce access to care for Illinois' patients."

More restrictions supported

Mitroff said she understands physician frustration with increased paperwork and government underfunding, but added that the chamber believes this legislation is necessary to keep health care costs in check. "We've been playing with benefit designs and cost shifting

from our employers to our employees," she said. "We've been asking employees to take a big hit [in paying more for their insurance]. But we have not been focusing on abusive billing patterns. We'd rather put that money back into the system to give more benefits, not just throw it down a well."

Dr. Blonsky said the bill is only the beginning of attempts by business to control costs by putting more restrictions on physicians. He said he is slated as a panelist at a fall conference that will examine placing caps on medical charges in workers' compensation cases; some caps are already in place in Michigan. "It's the law of the land up there and there is great pressure [from some interest groups] to implement similar caps in other states." ▲

Tuberculosis

(continued from page 10)

right now," Atkinson said. "That wouldn't even buy a missile. Our needs are greater than the funding available."

According to Dr. Biek, the only way to curb the incidence of TB is to inform physicians that the disease is on the rise. Screening, prevention, diagnosis and treatment, especially in high-risk groups, can help turn the trend around, he added.

"Doctors need to be aware of this when they see patients, and to consider tuberculosis as a diagnosis," Dr. Biek said. "And, most importantly, they need to report TB cases to the health department immediately, so it can track down others who may have been exposed."

"It can get a little touchy," he added. "Doctors like to focus on diagnosis and treatment, but besides helping the patient, they need to keep the local health department up-to-date and help the public, too."

CDC, said Kopanoff, is working on a new TB elimination plan that calls for intensified use of existing tools — preventive and curative therapies and skin tests, development of new technologies for diagnosis and treatment, and making sure the new technologies reach the health care providers who will use them.

The plan, developed in cooperation with a number of major health care organizations and endorsed by U.S. Health and Human Services Secretary Louis W. Sullivan, M.D., can eliminate TB by 2010, Kopanoff said. ▲

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Options:

- ☐ Dental
☐ Disability
☐ Life
☐ Dependent Life

Office Manager/Contact Person: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

ISMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

On the legislative scene
(continued from page 1)

year transitional period. IHA officials said in their news conference that, assuming the state's fiscal problems are resolved by then, continued funding should not be an issue.

A number of other bills await House and Senate action.

Life sustaining treatment ... Bills in both houses would permit surrogates of terminally ill patients who lack decision-making capacity to decide to forgo life-sustaining treatment without first obtaining court approval.

Similar legislation, based on former Cook County State's Attorney Cecil A. Partee's commission report on the subject and sponsored by Sen. John A. D'Arco Jr. (D-Chicago), passed the Senate last session. The bill failed in the House because of opposition by the plaintiff's bar to a Senate provision granting civil immunity to physicians, families and surrogates participating in such decisions.

The current bills, H.B. 2334, sponsored by Rep. John F. Dunn (D-Decatur); and S.B. 1092, also sponsored by D'Arco, arrived on their respective floors with their original language removed so that interested parties can complete their negotiations on the bills. According to D'Arco, those parties, which include the Illinois State Medical Society, the Illinois Hospital Association, the Catholic Conference of Illinois, the Chicago Bar Association and the Illinois State Bar Association, were close to an agreement on the legislation.

Meanwhile, a bill to amend the definition of a terminal condition in the Living Will Act by saying that "... death is imminent *in spite of* application of death delaying procedures" was soundly defeated in the Senate Judiciary I Committee. Calling it a "funny" bill, committee member D'Arco said that adding the phrase "in spite of" was significant because, "The right-to-life people are saying a patient would have to die before be-

ing considered terminal." Other committee members said the change would render living wills meaningless and run counter to the intentions of the thousands of Illinoisans who have already executed such documents. A House version, H.B. 1517, is still alive, however.

Anti-smoking ... Two bills aimed at curtailing tobacco sales in Illinois were approved by the Senate Consumer Affairs Committee May 7. Sponsored by Sen. John Daley (D-Chicago), S.B. 784 requires signs warning pregnant women of the dangers of smoking at retail outlets where tobacco is sold and on cigarette vending machines. A more comprehensive measure, S.B. 823, also sponsored by Daley, places limitations on the free distribution of tobacco products; prohibits selling or possession of tobacco products and accessories to persons under 18 years of age; prohibits vending machines except in taverns, and then only in specified locations, and requires warning signs where tobacco products are sold. The legislation is similar to a recently enacted Chicago city ordinance.

Regional health authority and funding ... A bill to create the Local Government Health Care Fund, which would collect monies from units of local government for the express purpose of obtaining matching federal dollars, cleared the Senate Public Health, Welfare and Corrections Committee May 9. Senate President Philip Rock (D-Oak Park), sponsor of S.B. 837, said the bill was specifically requested by Cook County Board President Richard Phelan as a method of increasing Medicaid funding for Cook County Hospital. Rock said, however, the mechanism could be used by any unit of local government in the state. Establishment of the fund was recommended by the Chicago and Cook County Health Care Summit last year.

Two proposals to establish regional health care authorities to oversee health care delivery in Cook County failed to win committee approval.

S.B. 648, sponsored by Sen. Aldo A. DeAngelis (R-Olympia Fields), which would have established a 10-member Cook County Health Care Council with limited authority and responsibility, failed May 3 on a 6-6 vote.

The committee also defeated a more comprehensive bill creating a Regional Health Care Services Authority. The authority, which would have taxing power, would oversee most aspects of health care delivery in Cook County. S.B. 202 sponsor Sen. Judy Baar Topinka (R-Berwyn) said the legislation was based on summit conclusions but went far beyond its recommendations. "[The bill] provides a way that we can address the health care problems of Cook County once and for all, and still leverage federal matching dollars," she said. Witness support for the bill, however, was lacking and committee members voted 10-4 not to approve the measure.

Conditional licensing ... Legislation that would grant conditional licenses to individuals who promise to complete the requirements for licensure within two years if they also agree to serve in medically underserved areas for a minimum of four years is on second reading in the House. ISMS opposes the legislation, H.B. 578, sponsored by Rep. Bill Edley (D-Macomb), because it permits licensure of individuals who would not otherwise qualify under state law. Moreover, ISMS believes such conditional licensure would also create a two-tier system of health care in which certain patients would be treated by potentially unqualified physicians simply because the patients live in underserved areas.

Post-surgical treatment centers ... A Senate bill authorizing a pilot project of post-surgical treatment centers passed the Senate Public Health, Welfare and Corrections Committee May 9. Similar legislation had already advanced to the House floor. The ISMS House of Delegates endorsed the concept of such centers at its April annual meeting. ▲

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty-Year Club

***Colquitt**
Ritch O. Colquitt, M.D., of Leesburg, Fla. (formerly of Chicago), died March 27, 1991 at the age of 93. Dr. Colquitt was a 1922 graduate of Emory University School of Medicine, Atlanta, Ga.

***Holland**
John J. Holland, M.D., of Ft. Myers, Fla. (formerly of Galesburg), died December 6, 1991 at the age of 63. Dr. Holland was a 1953 graduate of Loyola University Stritch School of Medicine, Maywood.

****Kamm**
Bernard A. Kamm, M.D., of Chicago, died March 1, 1991 at the age of 91. Dr. Kamm was a 1927 graduate of Medizinische Fakultät der Johann Wolfgang Goethe Universität, Frankfurt-am-Main, Hessen, Germany.

***Markey**
Richard J. Markey, M.D., of Davenport, Fla. (formerly of Schererville, Ind.), died December 8, 1990 at the age of 75. Dr. Markey was a 1946 graduate of Indiana University School of Medicine, Indianapolis.

***Moore**
Thomas J. Moore, M.D., of Oak Brook, died April 12, 1991 at the age of 66. Dr. Moore was a 1948 graduate of the Medical College of Wisconsin, Milwaukee.

***Olson**
J. Mikhail Olson, D.O., of Mt. Vernon, died March 25, 1991 at the age of 47. Dr. Olson was a graduate of the West Virginia University School of Medicine, Morgantown.

****Stephens**
Harry H. Stephens, M.D., of San Antonio, Texas (formerly of Wheaton), died March 29, 1991 at the age of 90. Dr. Stephens was a 1929 graduate of the University of Illinois College of Medicine, Chicago.

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Internal medicine - Wisconsin Rapids; 11-physician group (all certified) adding fifth general internist; growing practice; modern hospital - 8 bed ICU - excellent diagnostic services; competitive income, benefits; 40,000 metro population on Wisconsin River, central Wisconsin; quality family environment. Contact: Phil Kelbe, 1110 N. Third St., Suite 356, Milwaukee, WI 53203; 414/347-7841.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Internal medicine/family practice physician needed to join an established, busy multispecialty clinic in southern Wisconsin. Academic affiliation. Clinic is located near many recreational facilities and two large cities. Contact: David B. Gattuso, M.D., 608/884-3417.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Wanted: family practitioner. Location: one hour SW of Chicago - Marseilles. Beautiful river community. Only six minutes from excellent hospital and staff. My wife and I (five children) have never regretted coming to this area in 1957. One year guaranteed salary: I will phase out at your convenience after introduction to patients. One year paid malpractice insurance. One year paid secretary. One year paid rent. Call 815/795-2122 or 815/795-4600 day/night. H. Kelly Sutton, M.D., or Mrs. Sutton. Talk to us and you will be convinced of the advantages of solo practice. Physician coverage.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Family practice - hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BE/BC allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

General internal medicine. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities in beautiful wooded areas with an abundance of lakes, rivers and streams. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Emergency medicine. Marshfield Clinic-Lakeland Center, located in the beautiful Lakeland area of northern Wisconsin is seeking an ER physician. This individual must be BE/BC in FP, IM or EM. This opportunity offers a challenging variety of patients, within a multispecialty group representing thirteen specialties available for back-up. This position offers a 48-hour work week. Compensation includes a competitive salary along with one of the finest fringe benefit packages in the country. Please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty groups of 35. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Full-time faculty position, Quincy. Quincy Family Practice Residency Program – Southern Illinois University affiliated. BC/BE and obstetric experience required. New opening created by program expansion. Send letter and CV to Terry G. Arnold, M.D., Quincy Family Practice Center, 2325 Elm St., Quincy, IL 62301. Southern Illinois University is an Equal Employment Opportunity and Affirmative Action Employer.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

SE Wisconsin lake country – qualified FP's and internists needed to join prospering practices with many new patients seeking care. Shared call and coverage, capable board certified colleagues, first-class hospital, rewarding and satisfying lifestyle close to Milwaukee, Madison and Chicago. Please contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Illinois Medicine/May 24, 1991

Primary care internist/family care physician – Cincinnati. Assume suburban practice of retiring primary care internist. Hospital-owned/managed practice, guaranteed \$80M salary, full benefits, CME, cross coverage. Cincinnati has an excellent quality of life – a strategic international travel location, superb cultural offerings, outstanding sports, beautiful parks, exceptional universities and a dynamic medical community – everything except the ocean at our doorstep! Send CV or contact Christine Visnich, Bason Associates, 401 Crescent Ave., Cincinnati, OH 45215; 513/761-9881.

BC/BE Ob/Gyn – Door County, Wis. Live in Door County year round. BD/BE Ob/Gyn to join established BC/Gyn in hospital-based practice. Complete facilities available. New LDRP birthing center in modern, progressive 89-bed community hospital. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Door County offers exceptional four seasons recreation along Lake Michigan shores, proximity to Milwaukee and Chicago. Top-rated schools. Quality community life for family. Send CV to: Richard C. Murray, M.D., 330 S. 16th Place, Sturgeon Bay, WI 54235.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12 hour days, including periodic weekends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Internal medicine, cardiology or pulmonology fellows needed for part-time critical care unit staffing in Belleville beginning June 1, 1991. Malpractice covered with compensation of \$51.50 per clinical hour worked. For particulars, promptly contact: Mary Zimmerman, Emergency Medical Care, Inc., 314/532-0766 – call collect.

Pediatrician. Needed hard working pediatrician to join well-established pediatric group in the far western Chicago suburbs. The earning potential is probably in the top 1 percent of all pediatricians in the country. The community offers excellent school systems, park districts and lifestyle. Please forward CV to Box 2195, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pathologist – midwest. AP/CP solo practice in 115-bed acute care facility. Cross coverage available. Sportsman's paradise with many lakes, parks within minutes. Within easy two hours of large metro area. Excellent air and highway transportation. Mild, short winters. Near major university with medical school. Send CV to Box 2196, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Door County, Wis.: one to two BC/BE internists to join hospital-based physicians' clinic. Modern, 89-bed community hospital with new outpatient services addition. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Exceptional four seasons recreation along Lake Michigan shores. Proximity to Milwaukee/Chicago. Top-rated schools. Quality community life. Send CV to Gerald M. Worrick, Administrator, 330 S. 16th Place, Sturgeon Bay, WI 54235.

Physical medicine MDs, neurologists, rheumatologists, pulmonologists, orthopedists, cardiologists, internists, and pediatricians needed for part-time work under contract to the Social Security Administration's Disability Programs Branch in downtown Chicago. Job entails review of medical evidence in disability claims. No contact with patients. Unrestricted license in any state required. Submit curriculum vitae to: DHHS, Region V Contracting Officer, 105 W. Adams, 22nd Floor, Chicago, IL 60603.

Emergency medicine – ER group is in search of a full-time BE/BC EM, FP or IM for an active rural hospital two hours from Chicago. Send resume to Box 2197, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Chairman, department of internal medicine – Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy, a major Chicago multi-site medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

Situations Wanted

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Adult nurse practitioner (MSN) (Indiana University medical center). Additional ANA certification as community health nurse specialist, also MS in child development and family life and 18 years experience in pediatrics. Desires collaborative family practice within 50 mile radius of Fowler, Ind. (serve mid NE Illinois). Contact Terry Hancock, R.N., C.C. RR #4, Box 15A, Fowler, IN 47944.

Board certified Ob/Gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Medical equipment for sale. New and used exam tables, EKG machines, ultrasound (OB-GYN-cardiac), stress testing, monitoring, electrosurgical, spirometry, doppler, culposcopes, holter, ambulatory blood pressure and laboratory. Please call Robert Shapiro at 312/588-8111.

Fully furnished medical suites. Available for lease or sublease in newly decorated building, Skokie/border Lincolnwood. Five exam rooms. Call 708/675-6700.

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

For sale: Abbott Vision System, Nova Celltrak II, excellent condition. Call 309/762-0529, ask for Patt.

For sale: low volume bariatric practice. Northern Illinois, 45 miles from Chicago. Three rooms equipped for general medicine. Low rent. Good starting opportunity for young physician. Growing area. Will finance, no money down, low price. Call 708/223-2061, leave message.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Office space, fully equipped and furnished, new building. Chicago's Six Corners area, rent includes heat, electric, telephone, year to year lease \$450/month. Call 312/685-8400.

Medical office building in downtown Collinsville for lease or purchase. 2,600 square feet includes five examination rooms, x-ray room, lab room, ample parking. Phone 618/346-4707.

For sale or lease. 2101-07 W. Irving Park Road, Chicago. 18,000 square feet. Single story, recently rehabed. (9,500 square feet finished office, 3,700 square feet prime retail and 4,800 square feet of warehouse/garage). Also, 21,000 square feet of parking. Would make an excellent medical facility. Asking \$1,895,000. Glascott & Associates, ask for Carl, 312/281-0701.

Family practice available. Loyal patients. Quiet, clean midwest town. Excellent schools, churches, etc. Two large hospitals 14 miles away. One hour drive from Chicago and Champaign. Limited time offer. Call after 6:00 pm: 815/426-6108.

Physician wanted to share modern office in north-west suburb with general internist. 708/670-0800.

Entire medical suite for sale. EKG, spirometry, furniture, sigmoidoscopy, vision testing, cabinets, electric exam tables, supplies, TV, dictaphone, typewriter, sterilizer, hyfracator. Call A. Polussa, M.D., 708/328-1983.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-933-7598 (24 hours). Alan D. Kirscher, M.A.

Free. Office management analysis – your office system demonstration – our office. Learn – why cash flow security is essential and how to get it – what office business functions should be integrated for maximum efficiency – where to get confidential advice and state-of-the-art systems – when to make changes – how to get MD productivity information and make referral source data – much more. University Practice Management, Inc., 800 S. Wells, Suite M5, Chicago, IL 60607. Fifty years of combined experience. Chris Flowers, President. 312/431-3344.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Executive Management Associates ... an affordable alternative. Experienced consultants specializing in private and public insurance billing and collection. Professional prompt service. 708/524-4696.

Earn up to
28 ACCME
Credit Hours
Category 1

26th ANNUAL
MEETING AND
SCIENTIFIC
ASSEMBLY
of the
AMERICAN
SOCIETY OF
CONTEMPORARY
OPHTHALMOLOGY

June 27-June 30, 1991
Hyatt Regency
Chicago, Illinois

SEMINARS:
CATARACT/IOL,
OPHTHALMOLOGY
TECHNOLOGY,
CONTACT LENSES,
GLAUCOMA,
RETINA,
EXTERNAL
EYE DISORDERS

To register
call 1-800-621-4002
Illinois 312-951-1400

American Society of
Contemporary Ophthalmology
233 E. Erie Street
Suite 710, Chicago, IL 60611.



WE NEVER FORGET WE'RE DEFENDING A REPUTATION.

Years in the making, a reputation can be jeopardized in a moment. Your professional liability insurer should understand that the stakes in a suit include more than the protection of your financial assets.

The state's first, largest and most experienced physician-owned insurer understands. The Exchange aggressively resolves lawsuits brought against our policyholders. We are motivated by the long-term consequences on our physicians, and their lives.

Our policyholders have invested their lives in their profession. They know they can expect the Exchange to protect their investment.

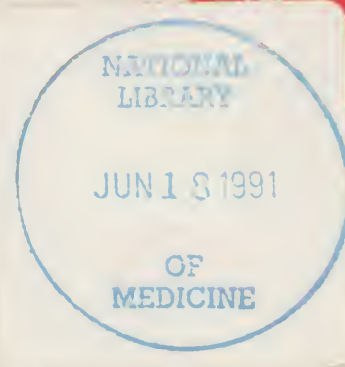
ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine

Free benefit
to Exchange
policyholders



June 7, 1991

ILLINOIS STATE MEDICAL SOCIETY



Brenda Edgar (left) hosts tea for the ISMS Auxiliary at the governor's mansion during their Day at the Capitol. Joining her are Auxiliary President Gayle Dustman (center) and Legislative Chairman Pam Taylor.

Right: Auxiliary members from Macon County discuss health-related issues with Rep. John F. Dunn (D-Decatur). See story, page 2. ▲



Photos: Ron Ackerman

President backs \$250,000 cap

Bush sends tort reform package to Capitol Hill

by Tamara Strom

PRESIDENT BUSH took his first step toward addressing the nation's growing health care crisis by sending a tort reform package to Capitol Hill May 15. The plan, which features a \$250,000 cap on non-economic damage awards and the elimination of joint and several liability, drew praise from Illinois physicians and congressmen alike.

"I think the president's proposals are a positive step," said Illinois State Medical Society President Robert M. Reardon, M.D. "It shows that President Bush understands the complex nature of the health care issue. And of course we're happy that he's come on board on the issue of caps - this is one of the most important areas that should be looked at."

Specifically, Bush's plan is a strong-arm incentive program for states to enact the liability reforms by creating a "bonus pool" of funds to be distributed to participating

states, according to a White House fact sheet. The federal government will withhold 2 percent of each state's Medicaid administrative costs and 1 percent of the states' annual increase for hospital operating costs payable under the Medicare prospective payment system, the White House briefing paper states. Only those states that enact liability reforms would be eligible to receive a share of the pool.

States will have three years to change their tort laws to include a \$250,000 cap on non-economic awards. The president's plan, however, would grant a waiver for the \$250,000 limit on non-economic damages for states whose constitutions ban caps.

States also would be required to eliminate joint and several liability for non-economic damages, erase the collateral source rule to prohibit double recovery, allow periodic payments for future medical costs in-

(continued on page 11)

Universal health plan crashes and burns on House floor

by Tamara Strom

OPPONENTS OF A state-run, single-payer health care system claimed victory May 23 when an effort to push the proposal through the Illinois House of Representatives failed.

Although H.B. 300 never made it out of committee, bill sponsor Rep. Anthony L. Young (D-Chicago) kept his promise to attach the health care proposal to another bill and force a floor vote. But after lengthy and heated debate, legislators turned back the plan, 62-52.

ISMS President Robert M. Reardon, M.D., was heartened by the legislators' vote to defeat the universal health care proposal. "Our legislature showed restraint and statesmanship," Dr. Reardon said. "Obviously this is an area that will continue to be debated. The representatives worked in an extremely responsible way for the citizens of the state."

He promised the medical society will continue to work with the mem-

bers of the General Assembly "so eventually we can have a very definitive, meaningful approach to this societal problem. That's the democratic process."

During the month preceding the vote, ISMS officials testified around the state against the universal health proposal in committee hearings.

And while ISMS provided stiff opposition to the bill, other special interests, including unions such as United Auto Workers, expressed support for the concept of universal health care.

"We have a health care crisis in this state and in this country," said Young, whose introduction of the amendment containing his universal access program surprised his colleagues on the floor. "We have health care costs that are going rapidly, rapidly, rapidly out of control. And while the cost is going up, access to care is going down."

Young's plan died in committee in

(continued on page 10)

Major points of the Bush tort reform plan



- \$250,000 cap on non-economic damage awards
- Elimination of joint and several liability
- Elimination of the collateral source rule
- Periodic payments for future costs instead of lump-sum payments
- Alternate dispute resolution mechanisms such as pretrial screening panels and mediation
- Cooperation with federal efforts to learn the comparative effectiveness of different medical treatments
- Improved performance in physician oversight by state medical boards
- Continuing medical education requirements for physicians sanctioned by state medical boards

Source: White House fact sheet

In this issue

News briefs.....2
Auxiliary's Day at the Capitol.....2
On the legislative scene.....3
Letters to the editor.....5

New insurance product may hold pitfalls for doctors.....7
Auxiliary leads 911 drive.....9
HIV notification proposal stalls in House.....13

UNIQUE 3 DIGIT 200
0528 IM
NATIONAL LIB OF MED
INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA
MD 20014

IHA appeals dismissal of its suit against IDPA

The Illinois Hospital Association May 29 appealed the dismissal of its lawsuit against the Illinois Department of Public Aid for more timely Medicaid reimbursement. Cook County Circuit Court Judge Sophia Hall dismissed the association's lawsuit last month saying she needed additional factual examples to back up IHA's allegations that Medicaid reimbursements to hospitals are too low and too slow.

"The judge's decision to grant the state's motion for dismissal was not a decision on the merits of the claims," said John Bomher, IHA assistant general counsel. "It was a technical, legal dismissal. [Judge Hall] dismissed with leave for us to amend our case."

IHA and the member hospitals named as plaintiffs in the suit claim the state is not processing Medicaid claims within the 30-day limit set by a 1975 agreement between IHA and IDPA. The hospital association also claims the state's largest Medicaid payment program – the Illinois Competitive Access and Reimbursement Equity program, or ICARE – is unfair. "ICARE forces contracts on hospitals," Bomher said. "Hospitals have no choice but to accept the rates imposed by IDPA."

The state had argued in its motion to dismiss that the case was misfiled and instead should have been filed in the court of claims because it is a contract action, Bomher said.

Meanwhile, IHA's lawsuit in federal court is still pending. Although the U.S. Department of Health and Human Services was named in the suit, the judge granted HHS's motion to be dismissed as a defendant. The case is now in the discovery phase, Bomher said.

IHA is suing the state of Illinois under the federal laws that state hospitals contracting under Illinois' ICARE system must have 90 percent of their "clean" claims paid within 30 days and 99 percent of clean claims paid within 60 days. The payment cycles are set forth in the state's waiver from the federal government to operate the ICARE system. Bomher speculated that the state will not apply for another ICARE waiver when the current one expires July 12.

"Currently, the state is not in compliance, and given the governor's budget proposal, it's questionable whether the state will be able to comply in the future," the IHA attorney said. "A lot depends on the state legislature and on the overall budget picture. It's a very fluid situation."

Cook County Hospital retains federal funding

Worries that Cook County Hospital would lose more than \$90 million in federal reimbursements were alleviated last month when the U.S. Health Care Financing Administration announced the hospital will retain federal funding.

The hospital's Medicaid and Medicare payments were jeopardized when the facility lost its Joint Commission on Accreditation of Healthcare Organizations accreditation in January. The hospital has not yet applied to regain its JCAHO accreditation, according to Joint Commission officials.

After the hospital was surveyed by the Illinois Department of Public Health, HCFA ruled that Cook County "met all the requirements of quality care," and could continue to receive federal funds for care delivered under Medicaid and Medicare, said Dorothy Collins, HCFA deputy regional administrator.

"Although the hospital is still not in compliance in its physical environment, officials submitted a plan of correction that we accepted," Collins said. "The hospital currently meets all the conditions of participation, or basic standards of care, for a health care facility in the Medicaid and Medicare programs except for the physical environment."

Collins said Cook County Hospital must correct all of the life-safety violations in its physical environment by Nov. 3, 1993. In addition, IDPH will continuously monitor the hospital's progress in adhering to the plan.

Although Cook County Board President Richard Phelan advocates building a new county hospital to replace the current aging structure, the plan of correction submitted to HCFA says nothing about a new facility, Collins said. All repairs will be made to the existing structure. ▲

— Compiled by Tamara Strom

Auxiliary's Day at the Capitol

by Anna Brown

MEMBERS OF THE Illinois State Medical Society Auxiliary descended on Springfield to meet with state legislators during the Auxiliary's Leadership Day on May 15 and Day at the Capitol on May 16.

Guest speakers prepared 46 Auxiliary members to take their issues to the Capitol with confidence, and gave them some insights to take home as well, said Auxiliary Legislative Chairman and program coordinator Pam Taylor, of Danville. Taylor called the project "very, very successful," and noted that participants were "much more excited and enthusiastic about the legislative process and the issues."

The Auxiliary members heard from Reps. Alfred G. Ronan (D-Chicago) and Tom Ryder (R-Jerseyville), who spoke on "Realities of the Legislative Process" and "Redistricting: What it Means to the Medical Profession," respectively. "I really liked both speakers," said Barbara Kendell, of Peoria. "They briefed us very well. I felt I could go to the Capitol and know what I was talking about."

"Everyone was really excited at how well-organized everything was," said Anne Elliott, of Decatur. "Both talks were informative and well thought out," she said. "I wrote a lot down."

"Everyone in Springfield is talking about redistricting," Kendell said. "They [legislators] sound like a bunch of little kids. If we are under such budget constraints already, why would we want to overburden the courts with redistricting problems which could be resolved in other ways?"

On to the Capitol

After being briefed by ISMS staff on health-related bills, Auxiliary members met with legislators to show their concern as well as to listen. Participants said they received favorable responses from those they visited.

Elliott spent time with several legislators, including Sen. Penny Severns (D-Decatur) and Rep. John F. Dunn (D-Decatur). "I don't think we swayed them in their thinking," she said. "It was more of a give-and-take situation. We tried to understand their positions."

Kendell spoke to Rep. Donald L. Saltsman (D-Peoria) on bills concerning rural health care and helmets for motorcyclists. Through his body language and expression, Kendell said, she could tell that Saltsman was really listening to her concerns. He is clearly "not anti-medicine," she said.

Saltsman was a participant this year in the mini-internship program for legislators sponsored by ISMS, the Auxiliary and six county medical societies and auxiliaries. "Legislators

who participated in the mini-internship program tended to be much more sympathetic to concerns of Auxiliary members and medicine in general," Taylor said.

"I wanted to personally thank him," said Kendell. "He was very interested in the program."

Echoing the sentiments she expressed to Saltsman, Kendell said her main concern is lowering health care costs. "We don't have any choice. We have to contain costs now or pay the price," she said. "I see on a daily basis what happens to patients when they can't pay. Legislators should understand that we are open to any suggestions that would lower costs."

A Kentucky native now living in Decatur, Elliott went to Springfield with impressions that she acquired when she participated in a similar event in Frankfort, Ky., two years ago. "I went to get a better grounding in the issues," she said. "I had such a good experience in Kentucky that I was excited at the opportunity to get acquainted with Springfield and the Capitol."

To Elliott, the Auxiliary's presence in Springfield was enough to help influence legislators. "That there were 10 women from Macon County who came down says something to legislators. I would like to see more people involved in the future," she said. "It will be easier for us to go next time and talk to them."

Leading the way

Along with the Day at the Capitol activities, Auxiliary members participated in Leadership Day, organized by Auxiliary President Gayle Dustman of Bloomington. Emphasis was on leadership training, leadership styles and motivating people. "The training is not only useful for Auxiliary state and county officers, but for all Auxiliary members or for any organization," Dustman said.

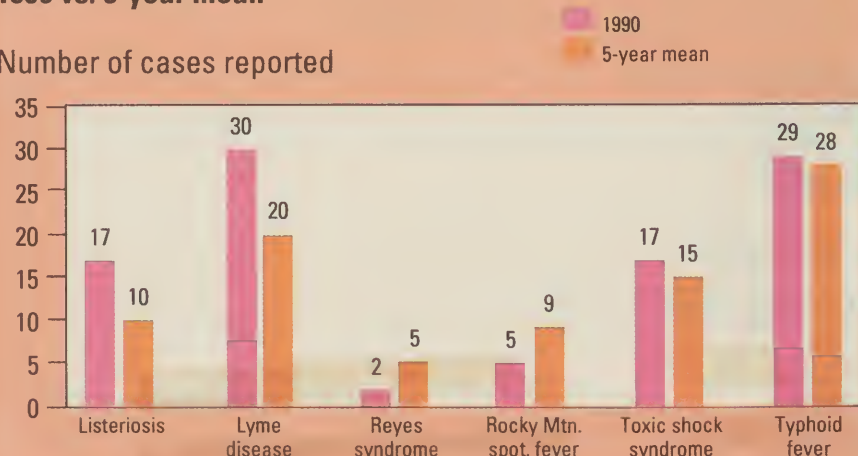
The Leadership Day speaker was American Medical Association Auxiliary Past President Mary Strauss, who spoke to 59 participants on "Successful Leadership Styles and How to Get People to Do What You Want." Her presentation included audience participation and analysis of why people volunteer, discovering the strengths and weaknesses of various leadership styles, and learning what motivates different people. "Strauss knows and understands Auxiliary members better than any other group," said Dustman. "We were lucky to have her unique skills available to us."

Tea at the governor's mansion was the first opportunity for Auxiliary members to meet with the governor's wife. "Brenda Edgar expressed gratitude toward the medical profession, and was a very gracious hostess," said Dustman. "She gave the group a warm welcome." ▲

Physician Facts

Incidence of selected diseases in Illinois 1990 vs. 5-year mean

Number of cases reported



Source of data: Illinois Department of Public Health, April 1991.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

On the Legislative Scene

by Kevin O'Brien

THE PACE IN the General Assembly accelerated temporarily in anticipation of the May 24 deadline to vote bills out of their house of origin. Bills that passed their respective houses now go to committees in the opposite house.

The deadline for reporting those bills out of committee is June 14. (Appropriation bills must be reported by June 19.) Bills defeated or not called for a vote in their house of origin are dead for the session, unless they show up as amendments to other bills.

In the week before the deadline, the House and Senate acted on several bills important to physicians.

Life-sustaining treatment ... Identical bills that would permit surrogates, acting on behalf of terminally ill patients who lack the capacity to decide for themselves, to withdraw life-sustaining treatment passed each House. The Senate version, S.B. 1092, sponsored by Sen. John A. D'Arco Jr. (D-Chicago), passed 39-18. The House bill, H.B. 2334, received 61 votes, one more than it needed to pass.

The Illinois State Medical Society worked with a coalition of interested parties — including the Illinois State Bar Association, the Chicago Bar Association, the Illinois Hospital Association and the Catholic Conference of Illinois — to craft the legislation. The Senate bill has been assigned to the House Judiciary I Committee.

Medicaid reform ... S.B. 500, sponsored by Sen. Penny Severns (D-Decatur), containing the Illinois Hospital Association's Medicaid reform package, passed the Senate and has been assigned to the House Human Services Committee. On May 15, the House version, sponsored by Rep. Thomas J. Homer (D-Canton), passed the House 89-16 and will be heard by the Senate Public Health, Welfare and Corrections Committee.

Post-surgical treatment centers ... Bills creating a pilot program establishing six post-surgical recovery centers were stalled in each house. The Senate version, S.B. 865, was defeated 37-18. The House bill, H.B. 2590, was placed on interim study. The bills were vehemently opposed by the Illinois Hospital Association.

At its April annual meeting, the ISMS House of Delegates adopted a resolution approving the concept of such centers, saying they would significantly improve access to quality health care.

Lethal injection ... A bill providing that physicians would not have to participate in state executions passed the House May 24. The bill also removes the current requirement that death be pronounced by a physician, and requires the warden to inform the coroner upon completion of the execution. The coroner may order an autopsy, but is not required to do so. In addition, the bill contains a provision ensuring confidentiality for those who participate in executions. The ISMS House of Delegates adopted a resolution at its April annual meeting that physician participation in state-sponsored executions is unethical.

Tanning parlors ... ISMS-proposed legislation creating the Tanning Fa-



cility Permit Act to regulate tanning parlors passed the House May 24.

The legislation requires tanning parlor operators to provide written warnings on the dangers of ultraviolet radiation. The bill, H.B. 1853, sponsored by Reps. Alfred G. Ronan (D-Chicago) and Frank Giglio (D-Calumet City), also requires posting of signs regarding the potential effects of radiation on people on medication and the relationship to skin cancer. The bill is a response to a 1990 ISMS House of Delegates resolution.

Allied health practitioners ... A bill, sponsored by Rep. Alfred G. Ronan (D-Chicago), amending the Nursing Act of 1987 to add two nurse specialists to the Nursing Committee was passed by the House May 24. A provision of H.B. 1983 that would have required IDPH to promulgate rules defining professional nursing spe-

cialties was deleted.

Another bill, H.B. 284, sponsored by Rep. Terry A. Steczo (D-Country Club Hills), that established requirements for licensure and grounds for discipline for professional counselors and clinical professional counselors cleared the House May 24.

Third party payers ... A bill that would have prohibited physicians from charging different fees to different patients depending on who is paying the bill was tabled in the House. Many physicians found the Illinois State Chamber of Commerce-backed bill, H.B. 1626, particularly onerous because it singled out physicians and did not apply to any other health care provider.

Conditional licensing ... The House turned down H.B. 578, spon-

(continued on page 14)



Blue Cross[®] Blue Shield[®] REPORT FOR *Illinois Physicians*

BCBSI SELECTED TO IMPLEMENT MANAGED HEALTH CARE NETWORK FOR AMERITECH

Blue Cross and Blue Shield of Illinois (BCBSI) will soon begin offering its new Point of Service Product, **Managed Care Network Preferred (MCNP)**, to Ameritech subscribers.

Under the MCNP program, subscribers will select a primary care physician within the network who will provide and oversee their health care. Subscribers will also have the option of using physicians outside of the MCNP network -- known to Ameritech employees as the Ameritech Health Care Network -- although subscribers who use the MCNP network will receive more covered benefits at less cost.

A series of orientation sessions for MCNP Primary Care Physicians, IPA Administrators, Office Managers, and PPO Physician Specialists will be held this month and in July in order to review all MCNP program requirements. Since this is a new product requiring a great deal of physician participation, attendance at one of the sessions is required. Ameritech subscribers will carry the card shown below. BCBSI looks forward to a mutually rewarding relationship with our MCNP physicians as together we fulfill the needs of health care today.

 	
MANAGED CARE NETWORK PREFERRED	
IDENTIFICATION NUMBER POS 123-45-6789	PLAN CODE 121 / 521
GROUP NUMBER 78715	COMPANY AMERITECH CORPORATE
NAME JOE TEST	

HEALTH CARE NETWORK INFORMATION	
<p>The holder of this card and member eligible dependent(s) participate in the Health Care Network, a managed care program. For reimbursement of higher level, network benefits, health care services must be received from, or referred by, the participant's Primary Care Physician (PCP). Otherwise, lower level, out-of-network benefits apply. The participant's PCP must contact the local Blue Cross and Blue Shield Utilization Management program prior to hospitalization and certain other services.</p> <p>Health care providers in Illinois, Michigan, Ohio, Indiana, and Wisconsin should file claims in the usual manner to their local Blue Cross and Blue Shield Plan.</p>	
<p>In Ohio: Community Mutual Blue Cross and Blue Shield 8740 North High Street Northridge, Ohio 43081</p>	<p>All other claims should be filed to: Blue Cross and Blue Shield of Illinois 733 North Michigan Avenue Chicago, Illinois 60611</p>
<p>For INFORMATION on benefits, claims submission, and eligibility including VERIFICATION OF COVERAGE, please call the Ameritech Service Center at 1-800-621-7336</p> <p>Prior to receiving services for mental health or substance abuse, certification must be received by calling the counseling referral service at 1-800-732-6585</p>	

Ameritech is the Chicago-based parent of Bell companies serving Illinois, Indiana, Michigan, Ohio and Wisconsin, and of other information-related companies providing mobile communications, directory publishing, lease financing and voice messaging services. The company has 76,000 active employees, 45,000 retirees and total 1989 revenues of \$10.2 billion. Scheduled for implementation on August 1st is the Illinois piece which represents 7,000 management employees and is also offered on a voluntary basis for IBEW employees.

For more information about the MCNP program, please contact the MCNP Department at (312) 938-7433.

(6/7/91)

Editorials

Thank you,
Mr. President

While some issues affecting medicine and health are managed in Washington (the National Institutes of Health, the Food and Drug Administration and HCFA, to cite some examples both illustrious and notorious), most legislative issues regarding medicine are delegated, and rightfully so, to the states. So when an issue long held dear by the physicians of Illinois suddenly becomes a topic of debate on Capitol Hill, we can only hope the increased national exposure will generate increased state attention in Springfield. At the very least, we'd owe a tip of the hat to whoever elevated the subject to this level. So, thank you, Mr. President, for introducing the issue of tort reform.

Using the long-accepted political technique of "he who controls the purse strings controls the legislative agenda," the president proposes sharing a fund of money held back from Medicare administrative fees and hospital increases with only those states that enact significant tort reform – including caps.

This technique has worked before: Many a road in Arizona went to pot (holes) before the state actively enforced the 55 mph speed limit. And when the speed limit signs finally went up between Tucson and Phoenix, the Arizona Department of Roads and Transportation finally got its federal funding for repairs and maintenance.

Support from the president may indeed help move the lawmakers of Illinois to enact a sane proposal to cap non-economic damages. In the meantime, we can expect further protest from groups like the Illinois Trial Lawyers Association and Illinois Public Action, which attacked caps earlier this year.

But despite their protests, it appears that President Bush has recognized what the physicians of Illinois have known for a long time: Caps on pain and suffering hurt no one except the plaintiffs' bar – and can help to control the costs of health care in Illinois and elsewhere.

Somehow just saying thank you doesn't seem enough.

Doctors, take warning

A single-payer, universal access health system in Illinois is probably dead for this legislative session. Heave a sigh of relief? Maybe. Then take a deep breath and look over your shoulder to see what's gaining on you. Two points: One, the vote in the House came very, very close to passing. True, the sponsor deleted the most egregious tax-increase language. In the minds of some, then, an "aye" vote was practically harmless and would look good to the folks back in the district while not actually costing anyone any money. All the same, too many people said "yea" and almost not enough people said "nay." Eight votes the other way and Illinois Public Action would be setting up a commission today to preside over the death of the practice of medicine as we know it.

And don't forget point two: The issue of health care cost and access is going to come roaring to the forefront of the political agenda – and soon. The war in the Persian Gulf has focused attention on patriotism, energy and defense today. But soon the problems of the home front will have to be addressed. And the presidential campaign of 1991-92 is as good a place as any to do it.

In this issue *Illinois Medicine* for the first time ever lists a roll call vote from the General Assembly. Take a look and see how your legislator did when the chips were down. These are the names to remember – or forget – the next time you step into a polling booth. ▲

Illinois Medicine

VOLUME 3, NUMBER 11

JUNE 7, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin D'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



"Let me through!
Let me through!
I'm a doctor!"



"Let me through!
Let me through!
I'm a lawyer!"

Guest Editorial

Mandatory
reporting fears
unfounded

by Joseph B. Perez, M.D.

Registered letters bring either good or bad news. When a physician receives a registered letter from the Illinois Department of Professional Regulation, it can usually be assumed the news is not good. Some Illinois physicians who receive such letters respond by ignoring them. This, also, is not good.

These letters inform the physician that IDPR has received a *mandatory report* relating to the physician's professional conduct and capacity. State law requires that health care institutions, professional liability insurers, professional associations, state's attorneys and state agencies file such reports relating to a physician's professional conduct and capacity.

The purpose of the registered letter is to inform the physician of the mandatory report and to *solicit the physician's side of the story*. A physician may or may not seek legal counsel when preparing a response to the mandatory report notice. But not responding to this request for information may be one of the worst things the physician can do. And, more often than not, responding turns out to be the best action he or she can take.

Less than 5 percent of all mandatory reports ever result in disciplinary action. In addition, mandatory reports are handled very differ-

ently than other complaints that IDPR receives. Before a mandatory report turns into a formal investigation, several levels of physician peer review occur. Moreover, this review is a closed process, unlike the formal investigation phase.

This review process is administered by the IDPR deputy medical coordinator, a physician who reviews the initial mandatory report and the physician's response. He then recommends action to the Medical Disciplinary Board, also composed of physicians. If the MDB concurs with the deputy medical coordinator's recommendation that the complaint does not warrant further investigation, the board has the authority to close the case right then and there. And often it takes precisely that action. In most such instances, that will end the matter. No record of IDPR's review of the case will appear in the physician's file.

But if a physician chooses not to respond to a mandatory report notice, the MDB has little choice but to open an investigation. As a result, information the physician could have provided the MDB will instead be provided by hospital officials and the physician's patients and colleagues. And while the investigatory process provides ample opportunity for subsequent physician response and legal representation, the physician has lost a golden opportunity. By forgoing the chance to be forthcoming and to convey his or her version of events at the earliest stage, the physician has negated a real possibility of closing the case before it becomes a formal investigation.

Make no mistake: your peers on the MDB will not hesitate to recommend investigation of those complaints that truly warrant such action. But, they also know what it is like to practice medicine in an increasingly regulated and litigious climate. If we receive a mandatory report about your practice, we need to hear from you – early. ▲

Dr. Perez is Chairman of the Medical Disciplinary Board.



Illinois Medicine welcomes letters on topics of interest to our readers. Write us at Letters to the Editor, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois

60602. Letters of any length will be considered for publication, but we reserve the right to edit for space.

Faith in the system

I have noted with amusement certain members of the Illinois legislature showing interest in the universal access to health care bill. Personally, I have no problem with the radical new system that forces doctors to accept fees that are set by the state. Of course, I would only agree in principle to this on the assumption that the legislators would also propose a bill that would create universal access to legal services, accounting services, actuarial services (have you ever seen how much these guys

charge per hour?), corporate and business services, and most importantly of all, a law that would force baseball professionals to accept state-mandated salaries.

Why, with what these ballplayers are earning, access to baseball games for most citizens has become impossible. We have begun, therefore, to ration access to professional sports events. If the Cubs and the White Sox don't accept these new mandated standards, then they can just play baseball in some other state.

I also think we ought to have universal access to legislative talent. This would, of course, prohibit political action committees and lobbyists in the state of Illinois and allow equal access by all citizens to their legisla-

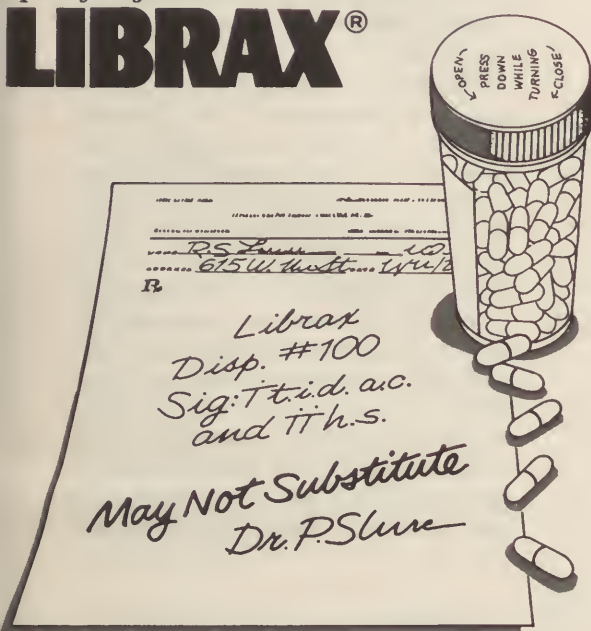
tors on short notice. Of course, we will also have to lower the salaries of our legislators, or they can just legislate in some other state.

What is scary about this quick-fix simplistic mentality is that it is the same kind of industrious legislative genius that went into the National Practitioner Data Bank. I suppose the next thing we will be reading about is the cost of travel for our erstwhile legislators who feel the need to travel to Montreal and Toronto to "study" the Canadian health care system. My faith in the American system of government continues unabated.

Jeffrey L. Lenow, M.D., J.D.
Champaign

Specify Adjunctive

LIBRAX®



Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Revised: February 1988

Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1991 by Roche Products Inc. All rights reserved.

IN IBS,* WHEN IT'S BRAIN VERSUS BOWEL,

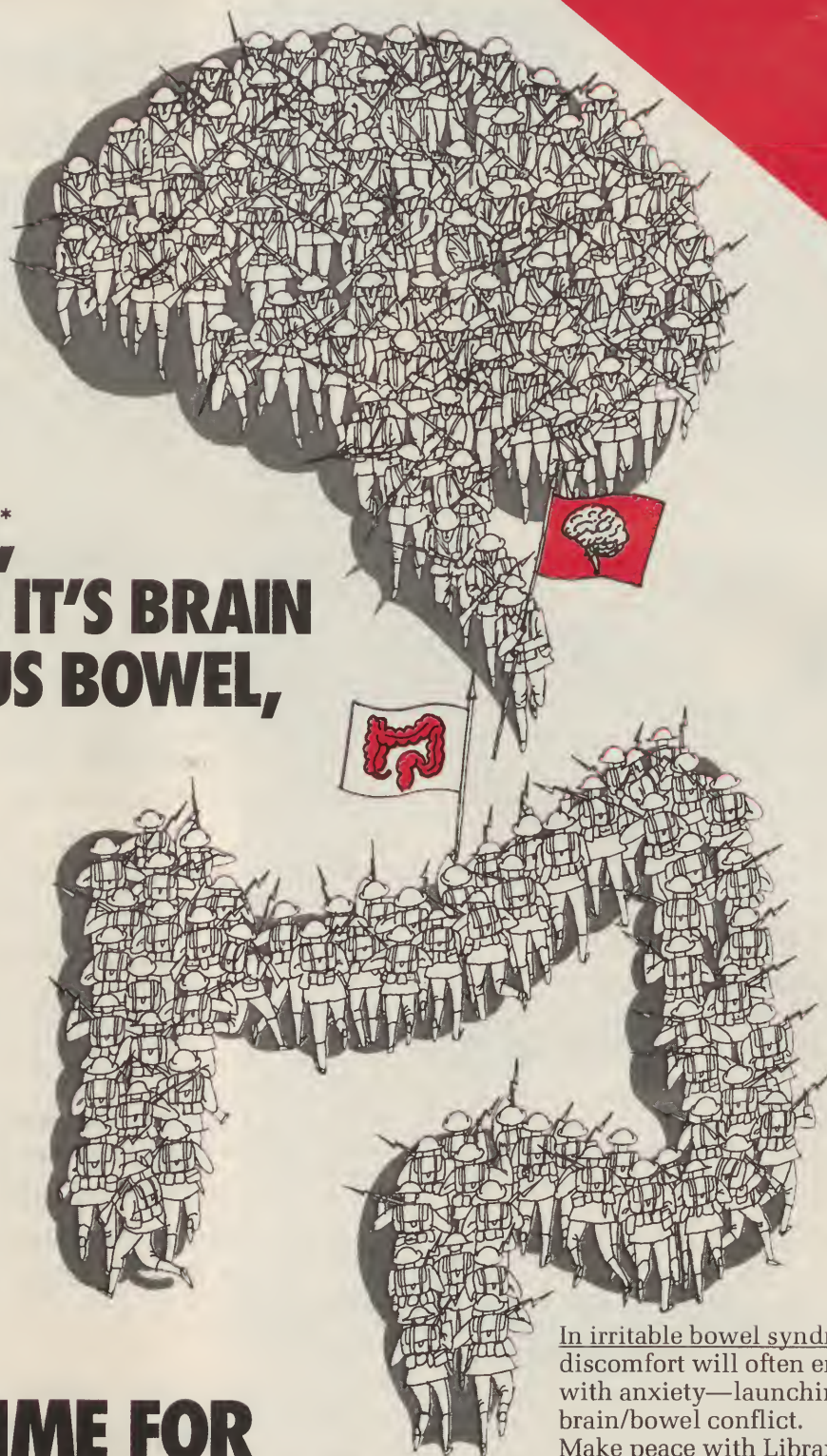
IT'S TIME FOR THE PEACEMAKER.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.



In irritable bowel syndrome intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

To insist on the brand, be sure to check the "May Not Substitute" box on your prescription.

Exchange policyholders to get free benefit

LAST MONTH, a distraught policyholder who had been on trial for several weeks called the Exchange to say he could not pay his premium. He had been unable to practice medicine while on trial. With the Illinois State Medical Inter-Insurance Exchange's new defendant reimbursement coverage, this policyholder's distress could be alleviated.

Reimbursing defendant policyholders

Exchange policyholders who are on trial will receive a new benefit beginning July 1. They will receive \$500 a day, up to 10 days, or \$5,000 per policy year, for time spent defending a

malpractice suit. The Exchange will reimburse the policyholder \$500 for each day in court, and for each day spent attending depositions. All pending suits at July 1 will be "grandfathered" in, so that trials and depositions occurring after July 1 will trigger this new coverage. Each policyholder will receive an amendatory endorsement that outlines the limits, terms and conditions of coverage.

Policyholder must cooperate in personal defense

The Exchange has made one exception: The policyholder will not be reimbursed for time spent giving his

own deposition. "We've made this distinction because we strongly believe that a policyholder must cooperate in his or her own defense," said Harold L. Jensen, M.D., chairman of the Exchange Board of Governors. "It's our belief as physicians that defense is a team effort, and the team is the company, the physician and his defense attorney."

New benefit is free

"What I like about this feature," said Robert C. Hamilton, M.D., chairman of the Illinois State Medical Insurance Services Board of Directors, "is that it's not costing the policyholder

any extra premium. We are able to offer this free benefit because of the expected savings in increased cooperation from our policyholders. We are offering up to 10 days' reimbursement even though the average length of a trial has increased from 6.15 days in 1985 to 8.2 days in 1990." Ninety percent of the Exchange's trials are less than 10 days in length.

Setting defendant's mind at ease

"A policyholder is already under enormous pressure when he or she is dealing with the legal system," said Dr. Jensen. "We can at least relieve some of that pressure by assuring that some income will be coming into the practice to cover costs. People forget that when doctors don't practice, there is no revenue. I'm not talking about personal income, either. I'm talking about money to pay overhead costs, like staff, rent, utilities and, yes, malpractice premiums."

"We want to make policyholders better defendants," Dr. Jensen added. "We have been doing this with our loss prevention/risk management materials, telling doctors how to give depositions, how to be a good defendant, what is the role of the expert witness. ... In general we've tried to make the policyholder as comfortable as possible with the legal process. Defendant reimbursement coverage should be an additional contribution to that level of comfort. Of course, preventing the suit in the first place is our No. 1 goal, and we're working on that as well." ▲

PUT YOUR MEDICAL CAREER IN FLIGHT.

Discover the thrill of flying, the end of office overhead and the enjoyment of a general practice as an Air Force flight surgeon. Talk to an Air Force medical program manager about the tremendous benefits of being an Air Force medical officer:

- Quality lifestyle, quality practice
- 30 days vacation with pay per year
- Support of skilled professionals
- Non-contributing retirement plan if qualified

Discover how to take flight as an Air Force flight surgeon. Talk to the Air Force medical team today. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE



Physicians are encouraged to submit their inquiries to: Exchange Q & A, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602.

Q: If I go on maternity leave, is there anything I can do to my Exchange policy to reduce the premium?

A: Yes. Your policy may be placed on suspended coverage if you go on maternity leave. Suspended coverage is a way to place your policy in an inactive status for a minimum of 30 days and a maximum of one year.

No coverage is afforded for direct patient care during the suspended coverage period. The premium for suspended coverage is 25 percent of the standard full-time rate applicable to your rating classification.

Your written request is required to place your policy on suspended coverage, as well as to return it to full active status.

Several other situations are applicable for suspended coverage, including vacation, continuing education or illness. To obtain more information about suspended coverage, contact the Exchange Underwriting Division. ▲

New insurance product may hold pitfalls for unwary doctors



by Saul M. Morse

PHYSICIANS have asked me about a new type of insurance product that provides for payment to patients of a specific amount to cover adverse outcomes. Often compared to "flight insurance," the policy offers a specified monetary benefit for patients with a covered adverse outcome when the physician performs a surgical procedure, such as hysterectomy, caesarian section, liposuction, knee and hip replacement, and vasectomy.

The literature explaining this new product, now being marketed in Illinois, says that the physician must present to the patient a disclosure form describing the procedure. The form specifies payment for covered adverse outcomes. To cover the cost of this insurance, the brochure suggests that physicians charge about \$40 extra per procedure.

The benefits of this product are described as standardizing disclosure, preventing lawsuits, improving communication and compensating patients. The brochure very clearly states that this insurance product, approved by the Illinois Department of Insurance, is not meant to be a substitute for professional liability insurance.

"By promising a specified payment for an adverse outcome, the policy will, instead of deterring suits, increase the likelihood of a lawsuit."

Obviously, anything that improves physician-patient communication improves patient care and is a step toward reducing the possibility of litigation. However, this product may actually produce the opposite result. By promising a specified payment for an adverse outcome, the policy will, instead of deterring suits (as the brochure claims), in fact, increase the likelihood of a lawsuit.

The law is clear: The patient who receives a payment still has the right to file a lawsuit, unless the patient gives the physician a full release. If a release is included in the pre-procedure material, some patients may later seek to set that aside, claiming undue influence forced them to agree. The physician is then confronted with the potential situation of having to admit negligence occurred.

Instead of providing a deterrent to litigation, the fact that a patient receives payment from the physician may encourage the patient to seek additional compensation. In fact, the patient who receives compensation for a covered outcome may be expecting compensation to cover any adverse outcome.

Secondly, compensating a patient

under this coverage may adversely impact the physician's standard professional liability coverage. Many malpractice insurers stipulate that the policyholder's coverage is void in instances where the physician has already made compensation to the patient. Once the physician has acted to compensate a patient, the physician has precluded his or her insurance company from acting in the policyholder's best interests. For example, the Illinois State Medical Inter-Insurance Exchange specifically states in its policy that coverage is not available to physicians who provide compensation to the patient be-

cause of an adverse outcome.

A third problem associated with this product involves informed consent. Just because the physician and patient discuss a potential adverse outcome does not mean that informed consent has been obtained. A disclosure document prepared to cover a specific procedure does not cover all a patient needs to know before surgery is performed.

It is very important that physicians continue to discuss all facets of treatment and procedures with patients so that patients can make truly informed decisions. It is also important that physicians continue good

medical practice by informing patients themselves, instead of relying on allied health care workers to do so, and that patients sign appropriate consent forms.

Some physicians claim this type of product has the potential to reduce liability costs. In reality, it could increase costs by encouraging lawsuits, rather than deterring them. It could also jeopardize a physician's malpractice coverage, which would have serious consequences to individual physicians. ▲

Saul M. Morse is general counsel for the Illinois State Medical Society.

Taking The Mystery Out of Long Term Disability



"Holmes, here's a **Long Term Disability Plan** that pays up to \$10,000 per month without taking anything away from the benefits paid by my other plans," Doctor Watson declared.

"Why, that's amazing," Holmes rejoined.

"That's not all, Holmes," Doctor Watson replied. "This Plan even pays for *partial* disability. The period of partial disability counts toward the waiting period if I later become totally disabled."

"Incredible, Watson."

"What's more incredible is it's only test for disability is the inability to perform my own medical specialty."

"How's that possible, Doctor Watson? Your specialty is mystery!"

"Elementary, my dear Holmes. After all, it's just what the doctors ordered!"

*There's no mystery to obtaining **Long Term Disability** protection at low cost group rates from your medical society. Simply call or write the PBT.*

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the **PBT Long Term Disability Plan** sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

CMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

Illinois Medicine asked several ISMS members:

What do you think of President Bush's support of malpractice reform, particularly a cap on non-economic damages?



**Lloyd E. Thompson, M.D.,
Belleville**

"It is a positive step. Malpractice affects the entire country, and direction from the federal government could help. We should be mindful, however, that often something sounds like a good idea in the beginning, but ends up with unintended results. I wouldn't want this to turn into more bureaucracy."



**Edward J. Fesco, M.D.,
La Salle**

"It's marvelous that President Bush acknowledges that tort reform will result in real savings and expanded availability of medical care. He went out of his way to try to explain the situation to the American people. Local political interests, such as plaintiffs' attorneys, have played with this issue like a ping pong ball."



**Morgan M. Meyer, M.D.,
Lombard**

"A \$250,000 cap on non-economic damages is a key element in the president's plan. It's important for the public to realize that two-thirds of the money collected for malpractice does not end up with the patient. Two-thirds of malpractice awards ends up in the pockets of attorneys and in court costs."



**Clayton T. Cowl, Northwestern
University medical student**

"Today's medical students are starting to care for patients in a very litigious society. Malpractice forces us to cover our bases. We can't afford to make an error. We're scared to death. At least the administration is addressing the issue. If we can lower malpractice costs, we can lower costs for patients."

Photos: Wm. Daniels/The Photo Partners

Earn 28 CME credit hours, Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY June 27-June 30, 1991 • Hyatt Regency • Chicago, Illinois

CARDIOVASCULAR/HYPERTENSION ADVANCES IN MEDICINE

THURSDAY, JUNE 27
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Michael E. DeBakey, MD
Chairman: Emil J. Freireich, MD

CANCER GERONTOLOGY

FRIDAY, JUNE 28
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Edward J. Beattie, MD
Chairman: Leon Resnekov, MD

NUTRITION GASTROENTEROLOGY

SATURDAY, JUNE 29
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: James W. Anderson, MD
Chairman: Joseph B. Kirsner, MD

SUNDAY, JUNE 30

(8:00 am-12:00 noon)

Chairperson: Domeena C. Renshaw, MD

BREAKFAST CONFERENCE SEXUAL MEDICINE

SPECIAL FUNCTIONS

Continental Breakfast-Banquet-
Cocktail Reception

REGISTER EARLY and
BE ELIGIBLE TO WIN
AIRLINE TICKETS FOR TWO
Anywhere in Continental US
American Airlines

CERTIFICATION

AMA—Earn 28 credit hours
Category 1 for the
Physicians' Recognition Award
AAFP—Earn 25 prescribed hours

Located Nearby: Art Institute
and Museums. The Magnificent
Mile for shopping and enter-
tainment. Boating, swimming
and Golf along the lake front.

AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY HYATT REGENCY HOTEL—CHICAGO, ILLINOIS JUNE 27-30, 1991 REGISTRATION FORM

Dr. _____

Address _____

City, State, Zip _____

Membership Dues: \$80

Meeting Admission: Members		Nonmembers	Residents
\$350	Preregistered	\$475	\$80 with letter from
\$400	At Door	\$525	department chairman
Nurses/Technicians/Assistants\$150		Retirees (Fully Retired)	\$80
<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> VISA

Card No. _____ Exp. Month _____ Year _____

Make check payable to: American Society of Contemporary Medicine and Surgery
233 E. Erie Street—Suite 710, Chicago, IL 60611.

\$25.00 Cancellation Fee No Refunds after June 1, 1991

REGISTER NOW by mail or call 1-800-621-4002 Illinois 312-951-1400

Auxiliary leads county 911 drive

by Kevin Kelleghan

THREE AND A HALF years ago, a Rockford physician's baby drowned because her 7-year-old sister could not easily call for emergency assistance. Last month, a mute 70-year-old woman received help "in the blink of an eye," thanks to a state-of-the-art 911 emergency telephone system.

The Winnebago County Medical Society Auxiliary played a key role in establishing the service — first in educating voters to approve the system in a March 1988 referendum, then participating in selecting the best system for the county.

"The Auxiliary played a vital role," says John Terranova, former Winnebago County Board chairman. "They were instrumental in taking over and selling the life-saving aspect of 911. Who better [to convey the message] than individuals associated with the medical community?"

The need for 911 service had been "kicked around for 15 years," Terranova says. But until the drowning, rural community fears of Rockford big-city, big-brother meddling in their lives helped keep centralized emergency communication service out of Winnebago County.

"That tragedy was the catalyst," Terranova says. The local newspaper reported the plight of Mark E. Carlson, M.D., and his wife Kris. Their 18-month-old daughter drowned while the couple's 7-year-old daughter tried unsuccessfully to reach emergency help via the county's complex telephone dispatch system, which had separate numbers for different services.

"Mrs. Carlson was a strong ally from the beginning," Terranova says. Then Carolyn Lowry, Auxiliary health projects chair, stepped in.

Lowry and other Auxiliary members lobbied politicians and testified at county board hearings. A referendum was placed on the March 15, 1988, ballot asking citizens to approve a 50-cent monthly surcharge on phone bills to pay for the service.

Guided by Lowry and Karen Girardy, then-president of the Auxiliary, Auxiliary members blitzed the county with tens of thousands of leaflets, posters and yard signs. They also appeared on radio and TV talk shows and at town meetings.

The referendum was approved by 70 percent of the voters. But the road from voter approval to final installation was long and expensive. The total dispatch center cost \$3.1 million, and an additional \$330,000 annual fee goes to the telephone company for networking services.

Extensive planning required

Planning included emergency service representatives from police and fire departments in Rockford and surrounding communities, the county sheriff's department, a representative from Northern Illinois Gas and a consultant from Minneapolis.

A nine-member Emergency Telephone System Board, including Lowry, first met in August 1988. "It seemed at the outset that there were so many obstacles to why we didn't have 911," Terranova recalls. "Opposition was slight but it was still there."

The board's first decision was to se-

lect "enhanced" 911. The service automatically displays the caller's telephone number and address at public safety answering points from which emergency services are dispatched. (In contrast, Chicago's "simple" 911 service does not display the caller's name or address.)

When calls come in, police, fire and other emergency assistance are alerted by computer, making the entire emergency call and dispatch as quick as "the blink of an eye," according to one police officer.

"The Emergency Telephone System Board didn't have the technical know-how to evaluate the present system and set up the new one, so the board hired a consultant with experience in setting up 911 systems," Lowry says.

"It takes time to set up a system with computer-aided dispatch," she adds. "Every address and telephone number in the county is listed." That totals 128,000 telephones, according to Winnebago County Sheriff Maj. Larry Claytor, who headed an advisory committee charged with implementing the service.

More time passed as the board incorporated a new centralized dispatch for police and fire departments; installed 11 trunk lines plus four trunk lines to a fully interfaced backup system in Loves Park on Rockford's northern city limits; installed a half-million dollar networking system; remodeled an existing building; and upgraded communication equipment.

The system employs 50 people. Each dispatcher receives nine months of probationary on-the-job training, Claytor says.

System well-received

The system has been well-received since its inauguration on Jan. 31. "I think it's the next best thing to motherhood," Claytor says.

"We feel it was well worth the effort," Lowry said of the Auxiliary's role in establishing the service.

Winnebago County physicians are also pleased. "Local physicians have always been very favorable toward implementing 911. They view it as an excellent component of our local emergency medical system," says Robert Carlson, executive director of the Winnebago County Medical Society.

Dennis Uehara, M.D., director of Rockford Memorial Hospital's emergency room, recalls another emergency in which an elderly woman with a stroke was able to get help. "911 made a difference," he says. "The patient couldn't communicate in any other way to get some kind of response. If there was no 911 system, how would she call?"

Lowry's three-year term on the Emergency Telephone System Board expires later this year, but the Auxiliary will continue its efforts to save lives in an emergency.

Local citizens can help improve the efficiency of 911 by making house numbers more visible to emergency vehicles, Lowry says. The Auxiliary board is planning a fall publicity campaign to educate local residents on this subject.

After all, Lowry says, "911 does not save lives. People do." ▲



Winnebago County Sheriff Maj. Larry Claytor (left) and Carolyn Lowry, Auxiliary health projects chairman, helped establish the county's emergency 911 service.

Earn up to
28 ACCME
Credit Hours
Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY OPHTHALMOLOGY

June 27-June 30, 1991
Hyatt Regency
Chicago, Illinois

SEMINARS:
CATARACT/IOL,
OPHTHALMOLOGY
TECHNOLOGY,
CONTACT LENSES,
GLAUCOMA,
RETINA,
EXTERNAL
EYE DISORDERS

To register
call 1-800-621-4002
Illinois 312-951-1400

American Society of
Contemporary Ophthalmology
233 E. Erie Street
Suite 710, Chicago, IL 60611.

THE
GRADUATE
SCHOOL OF MEDICINE
707 South Wood Street
Chicago, IL 60612
ACCME Accredited

July — October 1991

- ☐ Specialty Review in Emergency Medicine
July 22 - 27, 1991
- ☐ Specialty Review in Pediatrics
July 28 - August 3, 1991
- ☐ Specialty Review in Internal Medicine
August 4 - 11, 1991
- ☐ Specialty Review in Neonatology/Perinatology
August 12 - 17, 1991
- ☐ Specialty Review in General Surgery, Part I
August 19 - 30, 1991
- ☐ Gynecologic Surgical Techniques
August 22 - 24, 1991
- ☐ Specialty Review in Dermatology
September 16 - 20, 1991
- ☐ Specialty Review in General Surgery, Part II
September 16 - 23, 1991
- ☐ Specialty Review in Cardiovascular Disease
September 23 - 27, 1991
- ☐ Specialty Review in Medical Oncology
September 30 - October 4, 1991
- ☐ Specialty Review in Gastroenterology
September 30 - October 4, 1991
- ☐ Specialty Review in Critical Care Internal Medicine
September 30 - October 4, 1991
- ☐ Advances in Anatomic and Clinical Pathology
October 14 - 20, 1991
- ☐ Specialty Review in Pediatrics
October 20 - 26, 1991
- ☐ Specialty Review in Obstetrics and Gynecology: Practical Aspects
October 27 - November 2, 1991

For complete information,
call toll-free
1-800-621-4651
or write to us at
707 South Wood Street
Chicago, Illinois 60612

large part because of its hefty price tag. Young projected the health care system would cost Illinois \$27.5 billion a year, a sum that would have to be raised through new taxes.

But when Young reintroduced his plan as an amendment he had removed the new taxes as a funding mechanism, asking the representatives instead to vote on a "concept" that would not take effect until 1995. "There is absolutely nothing in this amendment that raises taxes," he said, adding that the proposal merely set up a task force to develop a plan to implement universal health care in Illinois. The task force would cost taxpayers nothing "for the next couple of years," he said. But even though the new taxes were absent,

his amendment called for the state to divert \$27.5 billion of existing revenue to fund the system.

"A [yes] vote on this bill will be a green vote for a concept," Young said. "The concept is that everyone in this state is entitled to adequate health care from the time of birth to the time of death."

Although Young drew a sizable number of "yes" votes, most legislators did not agree that a single-payer system would solve the state's burgeoning access problems.

"We are talking about creating a potential \$27.5 billion fiasco," said Rep. Alfred G. Ronan (D-Chicago). "The last thing we should be looking at are pie in the sky concepts that [will] bankrupt the state of Illinois and make us the laughing stock in this country. When you're talking

about taking bureaucrats and giving them a \$27 billion system, I guarantee we will have the most significant shortfalls in delivering health care in the United States."

Rep. Gerald C. Weller (R-Morris) said universal health care is "one of those ideas that sounds good" but the cost for taxpayers would be too high. He added that putting all health care in the hands of the state will result in continued unfair treatment to physicians.

"If you think that the Medicaid program is working, and if you think that health care providers of Illinois are being treated fairly by the Medicaid program ... then you'll think that universal health care will work too," he said.

Even Rep. William B. Black (R-Danville), who calls himself "uninsurable on the private market" because of health problems, voted against the proposal. "The easiest vote to cast all session long would be a vote for universal health care," said Black, who said he advocates some sort of universal system on the national level. "[Voting yes] is creating another false promise."

Having had firsthand experience with a national single-payer system when his daughter was hospitalized in Sicily, Rep. Richard A. Mautino (D-Spring Valley) said he could not support universal health in Illinois. Mautino said in Sicily, which has a health care system similar to the Canadian plan on which Young's proposal is based, "You get the ser-



Reps. Richard A. Mautino (left) and Alfred G. Ronan voted against a proposed single-payer, universal-access health care system for Illinois.

vices if you have the dollars."

But Mautino also cautioned the legislators about the rising tide of unrest among U.S. health care consumers. "Rep. Young has presented something that the health care field had better watch very closely," he said. "I think the citizens of this state are saying [to] hospitals, doctors, medical care providers, drug companies, 'We can no longer afford what is being presented to us.'"

Other legislators also warned about increasing complaints surrounding unnecessary costs. In explaining his vote for universal health, Rep. John S. Matijevich (D-Waukegan) said the "political euphoria" of the Gulf War will end soon, and Americans will be clamoring for affordable health care.

"People cannot afford to be sick," he said. "You know, I used to love to eat lobster tail. Then I didn't have it for 15 years. You know when my next meal of lobster tail was? When I was in the hospital. That's only one example of how the cost of hospital care and medical care ... have gone out of sight." ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

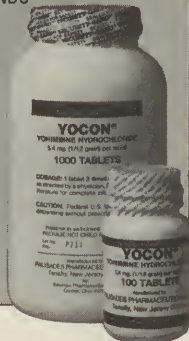
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

When you need a lawyer, trust a physician

If you need an attorney, you want assurance that your lawyer understands the legal aspects of modern medical practice. Thomas J. Pliura, M.D., J.D. is a physician and an attorney concentrating his practice in the area of medical law. His background gives him a unique perspective on the needs of physicians involved in malpractice litigation or peer review organization disputes.

He can:

- directly defend you in a malpractice suit
- represent your interests in disputes with peer review organizations
- monitor the insurance carrier's attorney in malpractice suits to make sure your best interests are protected.

**When you need a lawyer
so you can practice medicine, contact
Thomas J. Pliura, M.D., J.D.
Physician and Attorney
P.O. Box 130 LeRoy, IL 61752
(309) 724-8374**

Illinois House of Representatives roll call on universal health care



Voting against universal health care proposal – 62

Ackerman, Jay (R), Morton
Balthis, Bill (R), Lansing
Black, William B. (R), Danville
Brunsvold, Joel (D), Rock Island
Burzynski, J. Bradley (R), Sycamore
Churchill, Robert W. (R), Antioch
Cowlshaw, Mary Lou (R), Naperville
Cronin, Dan (R), Elmhurst
Curran, Michael D. (D), Springfield
Daniels, Lee A. (R), Elmhurst
Deuchler, Suzanne L. (R), Aurora
Doederlein, DeLoris (R), Homewood
Ewing, Thomas W. (R), Pontiac
Farley, Bruce A. (D), Chicago
Frederick, Virginia (R), Lake Forest
Granberg, Kurt (D), Carlyle
Hannig, Gary (D), Mt. Olive
Harris, David (R), Arlington Heights
Hartke, Charles (D), Effingham
Hasara, Karen (R), Springfield
Hensel, Donald N. (R), West Chicago
Hicks, Larry W. (D), Mt. Vernon
Hoffman, Manny (R), Flossmoor
Hultgren, David (R), Monmouth
Johnson, Timothy V. (R), Urbana
Keane, James F. (D), Chicago
Kirkland, James M. (R), Elgin

Klemm, Dick (R), Crystal Lake
Kubik, Jack L. (R), Forest Park
Kulas, Myron J. (D), Chicago
Leitch, David R. (R), Peoria
Mautino, Richard (D), Spring Valley
McAfee, David (D), Indian Head Park
McAuliffe, Roger P. (R), Chicago
McCracken Jr., Thomas (R), Westmont
McGann, Andrew J. (D), Chicago
McPike, Jim (D), Alton
Noland, Duane (R), Blue Mound
Novak, John Philip (D), Kankakee
Olson, Robert F. (R), Broadwell
Olson, Myron J. (R), Dixon
Parcells, Margaret R. (R), Glenview
Parke, Terry R. (R), Hoffman Estates
Pedersen, Bernard E. (R), Palatine
Persico, Vincent A. (R), Carol Stream
Peterson, William E. (R), Prairie View
Petka, Ed (R), Plainfield
Pullen, Penny (R), Park Ridge
Regan, Robert (R), Chicago Heights
Ronan, Alfred G. (D), Chicago
Ropp, Gordon L. (R), Bloomington
Ryder, Tom (R), Jerseyville
Sieben, Todd (R), Geneseo
Stange, James R. (R), Oak Brook
Stern, Grace Mary (D), Highland Park
Tenhouse, Arthur (R), Liberty
Wait, Ronald A. (R), Belvidere
Weaver, Michael L. (R), Charleston
Weller, Jerry (R), Morris
Wennlund, Larry (R), New Lenox
Wojcik, Kathleen (R), Schaumburg
Wolf, Sam W. (D), Granite City



Voting for universal health care proposal – 52

Balanoff, Clement (D), Chicago
Bugielski, Robert (D), Chicago
Burke, Daniel J. (D), Chicago
Capparelli, Ralph C. (D), Chicago
Currie, Barbara F. (D), Chicago
Davis, Monique D. (D), Chicago
Deering, Terry W. (D), Dubois
DeJaegher, M. Bob (D), East Moline
Dunn, John F. (D), Decatur
Edley, Bill (D), Macomb
Flowers, Mary E. (D), Chicago
Giglio, Frank (D), Calumet City
Giorgi, E.J. (D), Rockford
Hoffman, Jay C. (D), Collinsville
Homer, Thomas J. (D), Canton
Jones, Lovana (D), Chicago
Jones, Shirley M. (D), Chicago
Lang, Louis I. (D), Skokie
Laurino, William J. (D), Chicago
LeFlore, Robert Jr. (D), Chicago
Levin, Ellis B. (D), Chicago
Madigan, Michael J. (D), Chicago
Marinero, Gary G. (D), Melrose Park
Martinez, Ben (D), Chicago
Matijevich, John S. (D), Waukegan
McGuire, John C. (D), Joliet
Morrow, Charles G. III (D), Chicago

Mulcahey, Richard T. (D), Durand
Munizzi, Pamela A. (D), Chicago
Obrzut, Geoffrey S. (D), Northlake
Phelan, James W. (D), Chicago
Phelps, David D. (D), Eldorado
Preston, Lee (D), Chicago
Rice, Nelson Sr. (D), Chicago
Richmond, Bruce (D), Murphysboro
Rotello, Michael V. (D), Rockford
Saltsman, Donald L. (D), Peoria
Santiago, Miquel (D), Chicago
Satterthwaite, Helen (D), Champaign
Schakowsky, Janice (D), Evanston
Schoenberg, Jeffrey M. (D), Skokie
Shaw, William (D), Chicago
Steczo, Terry (D), Country Club Hills
Stepan, Ann (D), Chicago
Trotter, Donne E. (D), Chicago
Turner, Arthur L. (D), Chicago
Walsh, Tom P. (D), Ottawa
White, Jesse C. (D), Chicago
Williams, Paul (D), Chicago
Woolard, Larry (D), Marion
Young, Anthony L. (D), Chicago
Younge, Wyvetter (D), East St. Louis

Voting present or not voting: Jane M. Barnes (R), Palos Heights; James A. DeLeo (D), Chicago; Monroe L. Flinn (D), Granite City; and John J. McNamara (D), Oak Lawn.

Tort reform (continued from page 1)

stead of lump-sum payments, and implement an alternate dispute resolution mechanism, such as pretrial screening and mediation. Illinois already enacted reforms such as eliminating the collateral source rule and allowing periodic payments.

The government has succeeded in “motivating” states to enact desired legislation by withholding federal funds in the past. For example, states that did not raise the legal drinking age to 21 faced the prospect of losing needed dollars for road repair.

Bush’s ideas have already been tossed into the legislative hopper on Capitol Hill. U.S. Sen. Orrin Hatch (R-Utah) and U.S. Rep. Nancy Johnson (R-Connecticut) introduced identical bills (S. 489 and H.R. 1004) that resemble the president’s proposals.

U.S. Rep. John E. Porter (R-Deerfield), a long-time tort reform advocate, said the cap on non-economic awards is the key to the president’s plan. “The centerpiece of the president’s package is the cap on non-economic losses,” Porter said. “Caps put predictability back into the tort system and help get control over the liability situation. Now, insurers can predict economic awards quite well and can underwrite for them. But they can’t predict what a jury will do for pain and suffering or punitive damages.”

Porter said, however, he prefers a different formula for setting caps. “\$250,000 is a lot more money in the middle of Mississippi than it is in New York City,” he said, adding that setting a limit on the dollar amount will not reflect the effect of inflation over time. Instead, he proposes a “more equitable” cap arrived at by multiplying the average state income

by the victim’s remaining life expectancy. “The cap would be higher for an injured baby than for an 85-year-old person,” he said. “This also keeps the inflation problem in check and eliminates regional differences in cost of living.”

Porter stressed the need for more public education about the difference between economic and non-economic awards and the trickle-down effect of skyrocketing medical liability costs. “Juries, in looking at any personal injury case, are always sympathetic to the injured party,” he said. “But when they give large awards they make their decisions not realizing where the money is going to come from. Patients and con-

sumers are the ones who ultimately pay for these huge awards. The costs are passed along to all of us.”

Porter said malpractice reform will ease the “burden” facing physicians today. He said “billions and billions and billions of dollars” are wasted each year on defensive medicine so physicians can protect themselves from the threat of malpractice suits. “We need all the resources we have to give care to people who need it, not to waste [the money] on defensive medicine that physicians know is not useful.”

Porter has been fighting for liability reform at the national level since the early 1980s, when it was a non-issue with the Reagan administration.

He is encouraged that Bush is making tort reform a priority. “If you have the president behind any legislation it has a much better chance of succeeding,” he said. “I think Congress ought to pass this into law as rapidly as possible.”

But before the proposals make it to a floor vote, Porter said, he expects a “strong fight” from the American Trial Lawyers Association. “I’m a lawyer, and I can say with all honesty that my profession often has blinders on when it comes to this issue,” he said. “They are certainly and sincerely protecting injured people, but at the same time they are ignoring the need for changes in our tort system.” ▲

\$30,000 BONUS OFFERED TO HEALTH CARE PROFESSIONALS

If you are a board-certified physician or a candidate for board certification in one of the following specialties, you may qualify for a bonus of up to \$30,000 in the Army Reserve.

Anesthesiology • General Surgery • Thoracic Surgery
Pediatric Surgery • Orthopedic Surgery
Colon-Rectal Surgery • Vascular Surgery • Neurosurgery

A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a \$10,000 bonus for each year you serve as an Army Reserve physician—for a maximum of three years.

You may serve near your home, at times convenient for you, or at Army medical facilities in the United States and abroad. There are also opportunities to attend conferences and participate in special training programs, such as the Advanced Trauma Life Support Course.

To learn more about the Army Reserve and the Bonus Test Program, call one of our experienced Medical Personnel Counselors:

MAJOR HARRY RUBIN or
MAJOR CHARLES DAWSON
(708) 541-3644

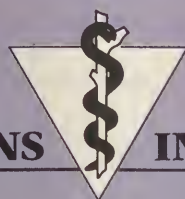
ARMY RESERVE. BE ALL YOU CAN BE.



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Patient notification of HIV-positive physicians stalls in the House

by Sean McMahan

LEGISLATION THAT would have the Illinois Department of Public Health notify patients whose physicians are infected with the HIV virus failed to clear the Illinois House of Representatives.

The proposal was placed on the House interim study calendar May 24. Illinois physicians and AIDS advocates opposed the legislation, saying it would hurt patient care and destroy doctors' careers.

As of May 9, 194 health care workers in Illinois, including 25 physicians and surgeons, have been diag-

and health care worker transmission has now been demonstrated through the case in Florida," Pullen told *Illinois Medicine*. "I think it's time the Illinois Department of Public Health discharges its public duty to patients who have been treated with invasive procedures by infected health care workers."

Other AIDS-related amendments sponsored by Pullen would permit IDPH to request monthly HIV infection reports from federal agencies – including names, addresses and telephone numbers of people testing positive for HIV – for counseling, partner identification and notifica-

er," she said. "They would focus on those whose practices include procedures that could transmit the virus. That is certainly a very small minority of the health care workers who are infected."

Patient notification procedures would be similar to those used for partner notification of STD cases, Pullen said. "It is a service to the physician or other health care worker so that they would not have to face the responsibility of notifying their own patients," Pullen said. "Though of course if they choose to take that responsibility, that would be preferable."

Disclosure part of physician-patient relationship

"Disclosure of a physician's HIV status to a patient should be handled as an integral part of the physician-patient communication process," said ISMS President Robert M. Reardon, M.D. "The implications of a state agency handling patient notification of such a sensitive issue are alarming."

Notifying patients of a physician's HIV-positive status would drive the doctor from medicine, doctors and AIDS advocates say. "What would be the goal other than to ruin that physician's practice?" said Judith Johns, executive director of the Howard Brown Memorial Clinic in Chicago.

"If patients know the doctor is HIV positive, I think they're going to be suspicious and mistrustful of all the doctor's actions," said Richard J. Sas-

setti, M.D., a member of the ISMS Council on Medical Services. "I wonder if a doctor with HIV, though his conduct is perfectly safe with patients, will still have patients."

The CDC will release new guidelines for HIV-infected health care workers later this year, said a CDC spokesman. In anticipation of the CDC action, the American Medical Association and the American Dental Association in January modified their own policies, calling on HIV-positive physicians and dentists to refrain from performing invasive procedures or to disclose their HIV status to patients before performing such procedures. ISMS policy states, "Physicians who are HIV positive or who have ARC or AIDS should not be restricted from the practice of medicine provided that current CDC guidelines are followed and the health of the physician or the patient is not endangered."

The risk of physician-to-patient transmission of HIV is minimal, doctors say, and physician adherence to universal precautions helps prevent the disease from spreading. "Physicians should always practice universal precautions, for their own safety and the safety of their patients," Dr. Reardon said.

Other sponsors of the amendment were Reps. Ralph C. Capparello (D-Chicago), Robert W. Churchill (R-Antioch), Suzanne L. Deuchler (R-Aurora), E.J. Giorgi (D-Rockford), Margaret R. Parcells (R-Glenview), Ed Petka (R-Plainfield) and Virginia F. Frederick (R-Lake Forest). ▲

Morbidity and mortality of AIDS cases among Illinois health care workers			
Occupation	Number living	Number dead	Total
Nurses	14	36	50
Physicians	5	18	23
Surgeons	1	1	2
Dentists	3	2	5
Health aides	19	25	44
Lab technicians	11	9	20
Other technicians	8	18	26
Therapists	6	12	18
Pharmacists/dietitians	1	5	6
Total	68	126	194
Source: Illinois Department of Public Health			

nosed with AIDS, according to IDPH. Of those, 126 have died from the disease. Nationwide, 6,436 health care workers, including 750 physicians and surgeons, have been diagnosed with AIDS, according to the U.S. Centers for Disease Control. CDC investigators have found only one incident in which a health care worker may have passed the HIV virus to patients. The case involves a Florida dentist who officials believe infected three of his patients; the dentist has since died of AIDS. Several other cases of possible physician-to-patient HIV transmission are being investigated.

James L. McGee, M.D., chairman of the Illinois State Medical Society Council on Medical Services, called the patient-notification legislation "a cruel hoax on the part of ill-informed legislators. It will raise the cost of health care and drive care away from patients with HIV."

Rep. Penny Pullen (R-Park Ridge) and seven other House members sponsored the patient-notification legislation. The proposal would have permitted IDPH to seek a court order to obtain patient records from any physician, dentist or other health care provider diagnosed with HIV or any other agent known to cause AIDS. Patients would be told they might have been exposed to HIV by the health care worker and would receive information from IDPH about HIV testing and counseling. IDPH could choose to notify only those patients who underwent invasive procedures as outlined by the CDC.

"I am concerned that the department of public health is not using what small amounts of information it gathers to follow up on people who may have been exposed to the virus,

tion; require HIV tests for people receiving care for tuberculosis; require HIV testing for individuals released, furloughed or discharged from a correctional facility; and order HIV tests for people accused of rape or other sexual crimes.

Legislation 'short-sighted'

Physicians say the patient-notification legislation is "short-sighted" and discriminatory, as other blood-borne diseases such as hepatitis pose more of a threat to patients than does HIV. "This is certainly a threat to physicians but also a threat to patients," said Kenneth A. Haller Jr., M.D., a member of the ISMS Council on Medical Services' Subcommittee on AIDS Education. "It's another example of government threatening the doctor-patient relationship."

Under current law, no mechanism exists for disclosing the identity of physicians who test positive for HIV, nor are health care workers required to take an AIDS test, said Thomas Schafer, an IDPH spokesman. "[IDPH] is mandated to collect HIV statistics, but anonymously," he said. People who test positive for HIV are counseled by their physician or other health care worker about the disease. They are also advised to notify people they have had contact with, either sexually or through sharing of needles, in the last 12 months. The notification process for HIV is the same as for any other sexually transmitted disease, he said.

Schafer added that the cost to implement the legislation would be "in the millions of dollars." Pullen called the IDPH cost estimate "absolutely not true. They would not have to follow up every health care worker and they would not have to follow up every patient of every health care work-

As Healthcare Services continue to change in today's volatile environment, so does your need for accurate up-to-date information.

You can stay current, informed, and in full control with

MEDICAL RECORDS AND THE LAW

This comprehensive, clear, and concise legal guide provides an easy-to-use reference on medical record legal issues.

FOR MORE INFORMATION CONTACT:
Central Office Coordinator at 312-685-IMRA
This valuable reference tool has been prepared and published by the:
ILLINOIS MEDICAL RECORD ASSOCIATION
P.O. Box 34258
Chicago, IL 60634

COST: \$125.00 per manual
plus \$4.00 shipping and handling.

sored by Rep. Bill Edley (D-Macomb), that would have allowed the state to issue two-year conditional medical licenses to persons otherwise not eligible for full licensure. Applicants would have been required to practice in underserved areas for a minimum of four years.

Pre-judgment interest ... H.B. 1385, a bill sponsored by House Speaker Michael J. Madigan (D-Chicago) that would have permitted liability judgments to draw 9 percent interest from the date a lawsuit was filed, has been placed on interim study. Sources say the bill, which ISMS vehemently opposes, was being kept alive to counteract any attempt to bring other tort reform legislation to the floor during this session.

Motorcycle helmets ... A Senate bill that would have mandated the wearing of helmets by operators and passengers on motorcycles lost 33-23. Although the legislation, sponsored by Sen. Howard B. Brookins (D-Chicago) was not proposed by ISMS, the ISMS House of Delegates approved the concept at its April annual meeting.

Regional health funding ... A measure that would establish a Local

Government Health Care Fund to collect monies from units of local government for the express purpose of obtaining matching federal dollars passed the Senate May 24. The legislation was requested by Cook County Board President Richard Phelan to generate more revenue for the beleaguered Cook County Hospital, although the mechanism would be available to any government entity in the state. Establishment of such a mechanism was a recommendation of the Chicago and Cook County Health Care Summit last year.

Anti-smoking ... Sen. John Daley (D-Chicago) saw one of his anti-smoking bills pass the Senate, while he referred the other back to committee. Surviving for House consideration was S.B. 784, which requires signs warning pregnant women of the dangers of smoking at retail outlets where tobacco is sold and on cigarette vending machines. His more comprehensive bill, S.B. 823, which, among other provisions, prohibits the selling or possession of tobacco products and accessories to persons under 18 years of age, has been referred back to the Senate Consumer Affairs Committee.

Caryl Carstens contributed to this report.

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

***Altschul**
Sol Altschul, M.D., of Wilmette, died April 24, 1991 at the age of 69. Dr. Altschul was a 1946 graduate of the University of Illinois College of Medicine, Chicago.

****Broder**
Samuel B. Broder, M.D., of Chicago, died April 18, 1991 at the age of 89. Dr. Broder was a 1933 graduate of Rush Medical College, Chicago.

***Clark**
John S. Clark, M.D., of Freeport, died April 4, 1991 at the age of 74. Dr. Clark was a 1941 graduate of the University of Illinois College of Medicine, Chicago.

***Dean**
Russell T. Dean, M.D., of Elmhurst, died April 23, 1991 at the age of 71. Dr. Dean was a 1952 graudate of Northwestern University Medical School, Chicago.

***Fagan**
Peter T. Fagan, M.D., of Ft. Myers, Fla. (formerly of Chicago Heights), died April 26, 1991 at the age of 70. Dr. Fagan was a 1945 graduate of St. Louis University School of Medicine, St. Louis, Mo.

****Hall**
Albert W. Hall, M.D., of La Grange Park, died April 16, 1991 at the age of 96. Dr. Hall was a 1925 graduate of Northwestern University Medical School, Chicago.

****Hare**
Lewis A. Hare, M.D., of Palos Park, died April 10, 1991 at the age of 83. Dr. Hare was a 1937 graduate of Chicago Medical School.

****Hedgcock**
Marcus W. Hedgcock, M.D., of Champaign, died March 16, 1991 at the age of 95. Dr. Hedgcock was a 1925 graduate of Loyola University Stritch School of Medicine, Maywood.

***Kyras**
Anthony Kyras, M.D., of Elburn, died April 12, 1991 at the age of 76. Dr. Kyras was a 1943 graduate of Vytauta Didziojo University Medical Fakelteto, Kaunas, Lithuania.

****Limarzi**
Louis R. Limarzi, M.D., of Oak Park, died April 11, 1991 at the age of 87. Dr. Limarzi was a 1931 graduate of the University of Illinois College of Medicine, Chicago.

***Tummala**
Ramabrahman Tummala, M.D., of Oak Brook, died September 24, 1990 at the age of 44. Dr. Tummala was a 1971 graduate of Guntur Medical College, Andhra University, Guntur, Andhra Pradesh, India.

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

SE Wisconsin lake country - qualified FP's and internists needed to join prospering practices with many new patients seeking care. Shared call and coverage, capable board certified colleagues, first-class hospital, rewarding and satisfying lifestyle close to Milwaukee, Madison and Chicago. Please contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Wanted: family practitioner. Location: one hour SW of Chicago - Marseilles. Beautiful river community. Only six minutes from excellent hospital and staff. My wife and I (five children) have never regretted coming to this area in 1957. One year guaranteed salary: I will phase out at your convenience after introduction to patients. One year paid malpractice insurance. One year paid secretary. One year paid rent. Call 815/795-2122 or 815/795-4600 day/night. H. Kelly Sutton, M.D., or Mrs. Sutton. Talk to us and you will be convinced of the advantages of solo practice. Physician coverage.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Family practice - hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

ENT - Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BE/BC allergist - Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ob/Gyn: BC/BE - Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

General internal medicine. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities in beautiful wooded areas with an abundance of lakes, rivers and streams. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Central Illinois - Illinois licensed primary care physicians for full-time staff positions. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Emergency medicine. Marshfield Clinic-Lakeland Center, located in the beautiful Lakeland area of northern Wisconsin is seeking an ER physician. This individual must be BE/BC in FP, IM or EM. This opportunity offers a challenging variety of patients, within a multispecialty group representing thirteen specialties available for back-up. This position offers a 48-hour work week. Compensation includes a competitive salary along with one of the finest fringe benefit packages in the country. Please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty groups of 35. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

Primary care internist/family care physician - Cincinnati. Assume suburban practice of retiring primary care internist. Hospital-owned/managed practice, guaranteed \$80M salary, full benefits, CME, cross coverage. Cincinnati has an excellent quality of life - a strategic international travel location, superb cultural offerings, outstanding sports, beautiful parks, exceptional universities and a dynamic medical community - everything except the ocean at our doorstep! Send CV or contact Christine Visnich, Bason Associates, 401 Crescent Ave., Cincinnati, OH 45215; 513/761-9881.

Southwest Illinois - Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

BC/BE Ob/Gyn - Door County, Wis. Live in Door County year round. BD/BE Ob/Gyn to join established BC/Gyn in hospital-based practice. Complete facilities available. New LDRP birthing center in modern, progressive 89-bed community hospital. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Door County offers exceptional four seasons recreation along Lake Michigan shores, proximity to Milwaukee and Chicago. Top-rated schools. Quality community life for family. Send CV to: Richard C. Murray, M.D., 330 S. 16th Place, Sturgeon Bay, WI 54235.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12 hour days, including periodic week-ends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Pediatrician. Needed hard working pediatrician to join well-established pediatric group in the far western Chicago suburbs. The earning potential is probably in the top 1 percent of all pediatricians in the country. The community offers excellent school systems, park districts and lifestyle. Please forward CV to Box 2195, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Pathologist – midwest. AP/CP solo practice in 115-bed acute care facility. Cross coverage available. Sportsman’s paradise with many lakes, parks within minutes. Within easy two hours of large metro area. Excellent air and highway transportation. Mild, short winters. Near major university with medical school. Send CV to Box 2196, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Door County, Wis.: one to two BC/BE internists to join hospital-based physicians’ clinic. Modern, 89-bed community hospital with new outpatient services addition. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Exceptional four seasons recreation along Lake Michigan shores. Proximity to Milwaukee/Chicago. Top-rated schools. Quality community life. Send CV to Gerald M. Worrick, Administrator, 330 S. 16th Place, Sturgeon Bay, WI 54235.

Emergency medicine – ER group is in search of a full-time BE/BC EM, FP or IM for an active rural hospital two hours from Chicago. Send resume to Box 2197, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Central Illinois – Illinois licensed physicians for part-time MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Medical director. BE/BC IM or FP Physician needed for medical director at Henry Hill Correctional Center, Galesburg. Directors receive an excellent guaranteed clinical remuneration, administrative stipend and benefit package. If you feel imprisoned by private practice, our opportunity can free you from these headaches. For confidential consideration, call John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John “B”.

Joliet. Correctional Medical Systems is searching for a primary care physician to contract their services at the Joliet Correctional Center in Joliet. This practice opportunity allows you to practice medicine without the headache and hassles that often accompany private practice. If you’re looking for a change please contact: John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send your CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John “B”.

DeKalb. Immediate opportunity for BC/BP physician. Congenial college community; clinic servicing student health services. Excellent compensation and work environment. Malpractice provided. Please call or fax your CV for immediate consideration to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050, 708/654-2014 fax.

Chicago – EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050, fax 708/654-2014.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration please call or fax you CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050, fax 708/654-2014.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Women’s health care center, Cincinnati/Dayton, Ohio. We seek a committed physician to join our successful, physician-owned women’s medical care practice. Your experience and/or board certification/eligibility are needed to assist in the area(s) of gyn exams, suction curettage and/or D&E’s. Since 1979, we have offered excellent patient care in a professional environment. Our desire to expand services has created a need for an additional part-time or full-time physician. Compensation includes a guaranteed first-year income, an attractive yearly stipend and excellent benefits. Please contact: Physician Recruiter, P.O. Box 43100, Cincinnati, OH 45243 or call 513/891-1400.

Family practice. A prime family practice awaits you in sunny, metropolitan Phoenix, Ariz. We have additional FP opportunities in picturesque Wisconsin and Illinois. Available benefits include student loan repayment, CME allowance, relocation expense assistance and more. For confidential inquiry, call 1-800-969-7715. Dan Jones, Gielow/Laske Associates, Inc., 306 N. Milwaukee St., Milwaukee, WI 53202.

Family practice Minnesota – physician needed for broad-based practice in exceptional rural community. Shared call, fully equipped and staffed office, outstanding hospital, excellent guaranteed compensation, full benefits, and bonus. Family practice Wisconsin – multispecialty group of 16 physicians seeks BE/BC physician for partnership. Less than one hour from metro area. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121 or call: 612/454-7291.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Faculty – general pediatrician/residency program director department of pediatrics, University of Illinois College of Medicine at Peoria has full-time faculty position assistant professor – available July 1, 1991. Teaching, service and research responsibilities. Preference given to those with experience in graduate medical education. Must be board certified in pediatrics. Salary and tenure track commensurate with qualifications. The University of Illinois is an Affirmative Action-Equal Opportunity employer. Send curriculum vitae and three letters of reference to: William H. Albers, M.D., Professor and Chair, Department of Pediatrics, University of Illinois College of Medicine at Peoria, Box 1649, Peoria, IL 61656; 309/655-2570.

Situations Wanted

Physician, license in Illinois. Board eligible in general surgery, excellent training and experience. Looking to relocate. Solo practice in general practice and surgery, to be sponsored by a hospital or community, no HMO, no group practice. Call 409/542-1330. P.O. Box 1023, Giddings, TX 78942.

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multispecialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Adult nurse practitioner (MSN) (Indiana University medical center). Additional ANA certification as community health nurse specialist, also MS in child development and family life and 18 years experience in pediatrics. Desires collaborative family practice within 50 mile radius of Fowler, Ind. (serve mid NE Illinois). Contact Terry Hancock, R.N.,C. RR #4, Box 15A, Fowler, IN 47944.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Office equipment for sale: IBM personal system/2 model 70; internal tape backup unit; (2) IBM 3551 terminals; IBM Proprinter 2; patient management system plus Lyrix word processing software; (1) U.S. Robotics 2400 baud modem; (1) Panasonic Electronic KX-T61610 phone system with (5) phones; (1) Dictaphone system model 3922. Inquiries please phone 815/344-5120 or write for more information to Suite 418, 2066 N. Richmond Rd., McHenry, IL 60050.

For sale: Abhott Vision System, Nova Celltrak II, excellent condition. Call 309/762-0529, ask for Patt.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Medical office building in downtown Collinsville for lease or purchase. 2,600 square feet includes five examination rooms, x-ray room, lab room, ample parking. Phone 618/346-4707.

For sale or lease. 2101-07 W. Irving Park Road, Chicago. 18,000 square feet. Single story, recently rehabetd. (9,500 square feet finished office, 3,700 square feet prime retail and 4,800 square feet of warehouse/garage). Also, 21,000 square feet of parking. Would make an excellent medical facility. Asking \$1,895,000. Glascott & Associates, ask for Carl, 312/281-0701.

Entire medical suite for sale. EKG, spirometry, furniture, sigmoidoscopy, vision testing, cabinets, electric exam tables, supplies, TV, dictaphone, typewriter, sterilizer, hyfricator. Call A. Polussa, M.D., 708/328-1983.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

For sale: Abhott Vision System and supplies, two years old. Priced to sell. Call 815/226-8035.

Miscellaneous

Medical hilling, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Executive Management Associates ... an affordahle alternative. Experienced consultants specializing in private and public insurance billing and collection. Professional prompt service. 708/524-4696.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-933-7598 (24 hours). Alan D. Kirscher, M.A.

We are developing a hoard of governors and advisors to assist in starting a new surgeon’s liability insurance company. This insurance company will cover only the very best risks and share profits evenly via premium return. Interested physicians should call Joseph Marconi, 222 N. La Salle St., Suite 2200, Chicago, IL 60601; 312/372-0770.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

☐ Largest pool of available physicians in the nation

☐ Network of 7 regional offices nationwide

☐ Expertise that produces unparalleled results in recruiting quality physicians

☐ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

WHEN IT COMES TO LIABILITY INSURANCE, TALK TO PEOPLE WHO LISTEN CAREFULLY.

No one listens more carefully than your peers, especially when it comes to addressing your professional liability needs. And no one understands better the uncertainties that face a new physician just beginning practice.

This is one of the main reasons more new physicians turn to the Exchange for their liability insurance. The Exchange is the state's first and most experienced physician-owned insurer.

Thanks to the Exchange, new physicians enjoy a confidence that was not possible in the mid-seventies, when major insurers abandoned the insurance marketplace. The Exchange was created by physicians to ensure that their future colleagues would never have to face such a crisis again.

The Exchange helps new physicians get a head start by offering substantial discounts for the first three years.

Committed to the vitality of our profession – when it comes to the needs of the new physician – you'll find the Exchange is all ears.

ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical
Inter-Insurance Exchange
Twenty North Michigan Avenue
Suite 700
Chicago, Illinois 60602
Telephone: 312.782.2749
Toll Free: 800.782.ISMS

Tim C. Kisabeth, M.D.
Obstetrician-Gynecologist
Alton, Illinois

Illinois Medicine

June 21, 1991

ILLINOIS STATE MEDICAL SOCIETY

Rural OB
care shortage... 10



Wm. Daniels/The Photo Partners

Chanting "cut the red tape, before it's too late," about 150 demonstrators June 6 symbolically cut red tape they had wrapped around the Chicago headquarters of Blue Cross and Blue Shield of Illinois. The demonstration was just one of the activities held during Health Care Access Week, sponsored by union and health care reform groups. ▲

New brochure details organ donation, advance directives

by Ginny Thiersch

ADVANCE DIRECTIVES determining medical care for terminally ill and incapacitated patients are the subject of a new brochure published by the Illinois State Medical Society.

"Quality of life and patient determination are important subjects, ones that are being discussed in hospitals, in physicians' offices and even in the legislature," said ISMS President Robert M. Reardon, M.D. "This patient-oriented brochure is designed to help patients think

through their choices for care and provides them with legal forms they can fill out and sign."

The brochure describes the durable power of attorney for health care and the living will documents delineated in Illinois law that allow patients to determine the level and degree of care they wish provided in cases of terminal illness, persistent vegetative state, coma or dementia.

Forms included in the brochure are those described in the Illinois

(continued on page 13)

Proposed Medicare fee schedule holds bad news for most physicians

by Tamara Strom

THE LONG-AWAITED – and, for some, dreaded – proposed Medicare fee payment schedule was released by the federal government June 5. And a preliminary analysis indicates it is worse than many physicians anticipated.

If approved, the new rates will go into effect Jan. 1 and will slash Medicare rates to just about all physician specialists.

The final Medicare fee schedule is expected to be released on or around Oct. 1. Between now and Aug. 5, the government is accepting comment on the proposed schedule released earlier this month.

For family physicians and internists, who at one time thought they would see up to 60 percent fee increases under the new schedule, the news is not much better. Physicians offering primary care services to Medicare patients will see only modest gains, averaging 14 percent in rates over the next few years.

"There are no victors in this, only losers," said Eugene P. Johnson, M.D., a family physician and Illinois State Medical Society Eighth District trustee, during a briefing on the fee

schedule at the June 8 Board of Trustees meeting. Organized medicine – particularly family and general practitioners – supported the concept of fees set through a resource-based relative value scale (RBRVS) when it was first discussed five years ago because it appeared a rational way to ease the disparity between specialist and primary care reimbursements, Dr. Johnson said.

"But we cannot allow medicine to be split again," he said of the infighting that occurred between "cognitive" and "procedural" specialties over the idea of the RBRVS. "Medicine can only speak strongly in a unified voice."

Harold L. Jensen, M.D., an ISMS Third District trustee, said the American Medical Association supported the government switch to paying physicians on the RBRVS model because during the mid-1980s "reasonable and customary charges were all over the map. We had urban vs. rural. Those who took assignment vs. those who didn't. There were so many schedules. RBRVS seemed like a beacon in the dark."

That beacon, however, may turn out to be more like a mirage for

(continued on page 15)

Surrogate decision-making bills move forward

by Kevin O'Brien

LEGISLATION THAT would give surrogates the right to make health care decisions for terminally ill patients lacking decision-making capacity has reached the floors of both houses of the Illinois General Assembly. One senator said the bill could become a model for legislation in other states.

Two identical bills, S.B. 1092 and

H.B. 2334, passed their house of origin in May and were being considered by the opposite house. The Senate measure, sponsored by Sen. John D'Arco Jr. (D-Chicago), was on second reading in the House. D'Arco was the principal sponsor of similar legislation that last year passed the Senate, but was defeated in the House.

And on June 12, the Senate Judiciary I Committee voted 8-1 to send the House version, sponsored by

Reps. John F. Dunn (D-Decatur) and Grace Mary Stern (D-Highland Park), to the Senate floor.

"I believe that this is the best-crafted bill on this subject that human beings in a legislative situation can put together," Sen. Judy Baar Topinka (R-Berwyn) told *Illinois Medicine* in a telephone interview the day before the Senate panel acted.

The legislation is designed to provide relief to patients who have not

(continued on page 17)



Illinois Medicine will not publish a July 5 issue.

Your next issue, dated July 19, will feature highlights of the 87th Illinois General Assembly.

Have a safe and enjoyable Independence Day.

In this issue

News Briefs2

AMA board report
on HIV testing.....2

On the Legislative Scene.....3

Letters to the Editor.....5

Case in Point looks at
subarachnoid hemorrhage ..6

Gerald Moss, M.D.,
UI dean, profiled.....8

ISMS council, committee
appointments.....12

First Cook County health chief named

Calling their views on health care delivery *simpatico*, Cook County Board President Richard Phelan June 11 named Ruth Rothstein chief of health services for the county. In that capacity, Rothstein will direct the newly formed Bureau of County Health Services, which encompasses Cook County Hospital, Oak Forest Hospital, newly acquired Provident Hospital, Cermak Health Services, the medical examiner and the county department of public health.

"Our health care delivery ideas are very much the same," Phelan said. "We see eye-to-eye."

Rothstein said she believes the new system will allow for less duplication and better coordination of efforts in delivering care, thus increasing access. Bringing all the county health departments together under one umbrella will provide "an opportunity [for the department heads] to sit together and plan for the whole system," Rothstein said. "Now it's a fragmented system with each planning for itself."

The county health services bureau was first proposed in November by the Institute for Metropolitan Affairs and the League of Women Voters of Cook County in a lengthy proposal on how to reform county government.

Danny Davis, a Cook County commissioner and outspoken health care advocate, called the bureau "one of the most important policy initiatives" Phelan has made. "This has long-

range implications for delivering care," he said. "It actually does what we've talked about. Finally we have some leadership and someone to go beyond just talking, to go forward and move ahead. To bite the bullet and get something done."

Rothstein, who has been serving as interim director of Cook County Hospital on a six-month temporary basis since December, will resign as president of Mount Sinai Hospital Medical Center and Schwab Rehabilitation Center effective June 30.

Pharmacists feeling Medicaid pinch

Ninety-two Illinois pharmacies have been forced to close in the past year, due in large part to increasingly slow Medicaid reimbursements, according to the Illinois Pharmacists Association. By June 30, the end of fiscal 1991, IPhA estimates the Illinois Department of Public Aid will owe nearly \$50 million to pharmacies that fill prescriptions for Medicaid patients.

Results from a recent IPhA survey show on average pharmacies are owed \$115,178 from IDPA, with a payment cycle hovering around 120 days.

Because of the slow payments, almost 40 percent of Illinois pharmacies refuse to fill prescriptions for expensive medications for Medicaid patients. In addition, some pharmacies have ceased filling prescriptions for public aid patients. ▲

—Compiled by Tamara Strom



"Harvey," a lifelike mannequin, receives a cardiac examination from William Wallace, M.D. (left), director of the University of Illinois at Chicago's urban health program; Michael Whiteley, UI medical student (center); and George T. Kondos, M.D., director of the UI hospital cardiac catheterization lab. Harvey is one of 37 mannequins with an attached computer that allows him to simulate symptoms of 26 heart diseases. ▲

AMA board recommends revised consent guidelines to encourage routine HIV testing

by Sean McMahan

A NEW AMERICAN Medical Association Board of Trustees report outlines recommended components for informed consent and counseling that the board hopes will increase patient acceptance of routine HIV testing. Illinois physicians asked about the concept of informed consent say that oral or written consent must be accompanied by appropriate pretest and post-test counseling.

The board report on HIV testing is one of several AIDS-related items that will be considered by the AMA House of Delegates at its annual meeting, June 23-27 in Chicago.

The AMA board report states that hospitals, clinics and physicians may adopt routine HIV testing "based on their local circumstances," but notes that routine testing is not a substitute for universal precautions. The board also urges state medical societies to review and seek to modify state laws that restrict hospitals and other medical facilities from initiating routine HIV testing.

Mandatory patient testing would not be required, nor should informed consent be abandoned, the report states. When an HIV test is part of a patient's diagnostic testing, physicians may obtain informed consent orally or in writing, unless written informed consent is required by state law. During pretest counseling, patients should be informed they have the option to receive more information or counseling before deciding whether to be tested. They should also be told that availability of medical care is independent of test authorization and test results.

Test results should be delivered confidentially to the patient and ac-

companied by counseling on the meaning of the results and the option for additional counseling. The report also recommends retaining existing AMA guidelines regarding people who voluntarily seek HIV testing or who are at high risk of contracting the disease.

The provisions of the board report, which must be approved by the AMA House of Delegates, would give physicians more latitude to exercise their clinical judgment, said M. Roy Schwarz, M.D., AMA senior vice president of medical education and science. Dr. Schwarz believes the new guidelines will prompt more patients to agree to testing and physicians to recommend testing for more patients.

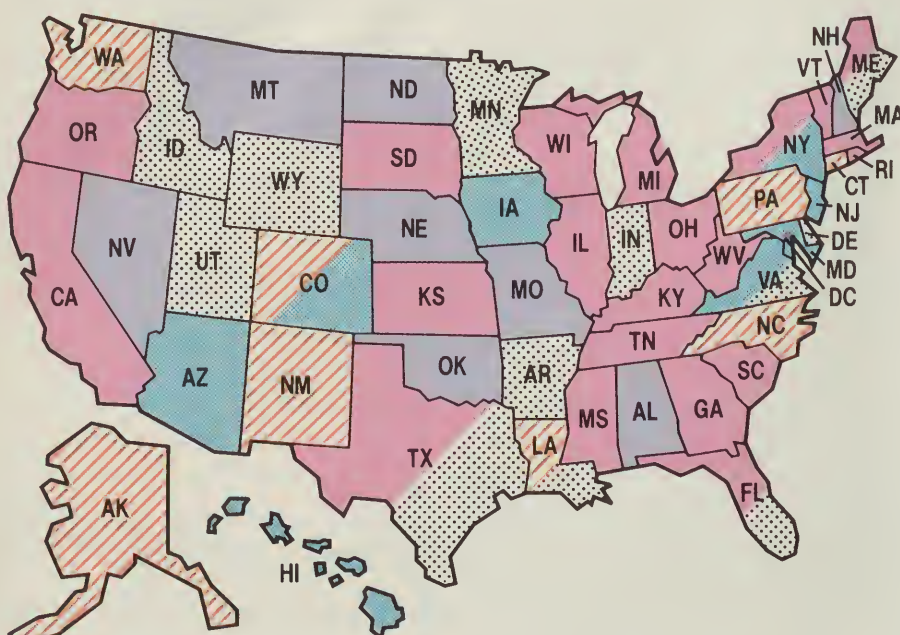
Illinois physicians already may test patients for HIV without written informed consent under a 1988 amendment to the AIDS Confidentiality Act of 1987. This applies if, in the physician's judgment, the test is medically necessary to diagnose and treat the patient and the patient has generally consented to medical treatment. Many Illinois physicians have interpreted the amendment to mean that they may perform an HIV test without a patient's knowledge, said Larry Von Behren, M.D., chairman of the Springfield branch of the Midwest AIDS Training and Education Center. However, he said, "I feel very strongly from a patient's perspective that they would want to know that an HIV test is being done."

"AIDS is a disease that is so sensitive we must be careful about how we approach the patient," said Thomas Klein, M.D., a Chicago family physician whose practice specializes in treating AIDS patients. Even

(continued on page 11)

Physician Facts

A look at state law governing durable power of attorney, health care agents and proxy appointments



- Jurisdictions with Durable Power of Attorney statutes that permit agents to make medical decisions, specifically including decisions to withdraw or withhold life support. The agent can act when the patient loses the ability to make his or her own medical decisions.
- States with Durable Power of Attorney statutes that positively authorize consent to medical treatment, but do not specifically authorize the withdrawal or withholding of life support.
- States with Durable Power of Attorney statutes that, through court decisions, Attorney Generals' Opinions or other statutes, have been interpreted to permit agents to make medical decisions, including those to withhold or withdraw life support.
- States that authorize proxy appointments through their "living will" or "natural death" acts. Proxies are permitted to make decisions authorized by the act when the patient is in a medical condition covered by the act (usually "terminal" as defined in the act).
- States with general Durable Power of Attorney statutes that make no mention of medical decisions.

Source of data: Society for the Right to Die, 250 West 57th Street, New York, NY 10107.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

On the Legislative Scene

by Kevin O'Brien

THE WEEK OF June 10 witnessed a full schedule of House and Senate committee hearings as both houses closed in on the June 14 deadline for reporting all legislation out of committee. House committee members considered bills already passed by the Senate, as senators did likewise for legislation that had obtained House approval.

Thus, the legislative session's home stretch began Monday, June 16 with 14 days left before the scheduled close of session on June 30. Mounting budget difficulties, however, have prompted Gov. Jim Edgar to say he may call the legislature back into session until a budget is finalized.

In the meantime, several bills of interest to physicians were awaiting committee hearings, while others had already made it to the House and Senate floors. At press time, this was the status of many of those bills:

Tanning parlors ... This Illinois State Medical Society-supported bill, H.B. 1853, which would create the Tanning Facility Permit Act, passed the Senate Consumer Protection Committee 6-2 on June 11. The bill requires tanning parlor operators to provide written warnings on the dangers of ultraviolet radiation. Sponsored by Reps. Alfred G. Ronan (D-Chicago) and Frank Giglio (D-Calumet City), and Sen. John J. Cullerton (D-Chicago), the bill also requires posting of signs regarding the potential effects of radiation on people taking medication and the relationship to skin cancer. The bill is in response to a 1990 ISMS House of Delegates resolution. A similar ordinance was being debated in the Chicago City Council.

Controlled substances ... S.B. 588, which would require prescribers to obtain a separate registration only for each principal place of business or professional practice where the applicant dispenses or administers (but not merely prescribes) controlled substances, was on second reading in the House. The ISMS-backed legislation is sponsored by Sen. Robert M. Raica (R-Chicago) and Rep. Michael D. Curran (D-Springfield).

Automatic defibrillator ... A bill to permit an emergency medical technician of the ambulance, intermediate or paramedic classification to use an automatic defibrillator if the technician has been properly trained in its use passed the Senate and was awaiting action by the House Human Services Committee. S.B. 647 is sponsored by Sen. Frank C. Watson (R-Carlyle) and Rep. Jerry Weller (R-Morris). ISMS supports the legislation; the ISMS House of Delegates adopted a resolution supporting such legislation at its April annual meeting.

Public health administrators ... This ISMS-supported legislation would require that a county or multiple-county health department board or a public health district board serving a population of 175,000 or more to search for a medical health officer before appointing a public health administrator. S.B. 623 requires that efforts to locate a medical health officer be documented, and that the



search include consultation with county and state medical societies.

The bill, sponsored by Sen. Robert A. Madigan (R-Lincoln) and Rep. David D. Phelps (D-Eldorado), was awaiting action by the House Counties and Townships Committee.

Joint tortfeasors ... Legislation sponsored by Sen. Arthur L. Berman (D-Chicago) and Rep. Thomas J. Homer (D-Canton) that would effectively expand the statute of limitations for medical malpractice liability was awaiting action in the House Judiciary I Committee. The ISMS-opposed legislation, S.B. 797, affords defendants two additional years after any liability judgment, including medical malpractice, to apportion damages among others involved in the malpractice incident. This two-year window is exempted from the overall statute of limitations on legal actions. Should it become law, the

bill would lengthen the time during which a physician retains malpractice liability.

Visiting resident permits ... The Senate Public Health, Welfare and Corrections Committee was expected to act on H.B. 1854, which would provide for visiting medical resident permits under similar terms and conditions as visiting doctor permits. The ISMS-backed legislation is sponsored by Rep. Kurt Granberg (D-Carlyle) and Sen. Robert A. Madigan (R-Lincoln).

Allied health practitioners ... The Senate Insurance, Pensions and Licensed Activities Committee sent to the floor a house bill involving allied health practitioners. H.B. 1983 would amend the Nursing Act of 1987 to add two nurse specialists to

(continued on page 17)

Blue Cross
Blue Shield



REPORT

FOR Illinois Physicians

EMC BECOMES TOP CLAIMS PRIORITY

The Health Care Financing Administration (HCFA) has made the processing of electronic media claims (EMC) its first administrative cost saving priority, now and for fiscal year 1992. Aggressive EMC goals have been developed for the contractors that process Medicare claims, and an ambitious effort to market EMC has begun. HCFA's current goal is to obtain a 75 percent EMC rate.

Electronic media are clearly the preferred means for submitting Medicare claims. The positive incentives for switching to EMC are underscored by HCFA's recent announcement of a second round of cutbacks for contractors.

Contractors are currently facing an approximate \$25 million deficit in operating funds for FY 1991. Meanwhile, FY 1992 operating funds are to be reduced further by \$37 million, starting October 1. If deficits cause a slowdown, contractors are instructed to process EMC under normal timeliness standards and to let any delay occur in paper claims.

Medicare B in Illinois so far has been able to handle clean claims by EMC and paper in normal timeframes. However, for FY 1992, HCFA is considering a differential in payment for EMC versus paper claims (the current 14 days for EMC/30 days for all paper claims). HCFA notes that EMC generates a large savings for providers just in postage and handling.

The number of electronic claims in Illinois has increased from approximately 300,000 per month a year ago to over 500,000 per month currently. Any provider with a personal computer, modem, and the proper software can submit EMC. Providers who do not want to invest in this equipment can rent a terminal from Blue Cross and Blue Shield of Illinois/Medicare B. Providers interested in the EMC option can consult with a Medicare B EMC marketing representative by calling (312) 938-7697.

CLAIMANT'S SIGNATURE REQUIRED ON HEARING REQUEST

The request for a fair hearing must be made in writing and signed by the party requesting the hearing or by his or her representative. Hearing requests not satisfying this minimum requirement are returned by the carrier. The signature is a requirement as described in the Medicare Carriers Manual, section 12015-C.

A fair hearing is the level of appeal available after a review determination has been rendered. Therefore, the request for the hearing must also state the dissatisfaction with the carrier's review determination, and a desire to appeal the matter further. Form HCFA-1965, Request for Hearing, should be used. However, any written expression is valid provided it meets the established requirements and includes the signature of the claimant.

To expedite the hearing process, the written and signed request for a hearing should include:

- a copy of the claim as initially submitted, including any attachments;
 - a copy of the Medicare B Remittance Notice;
 - a copy of the written request for a review as initially submitted, including any attachments;
 - a copy of the review determination from the carrier; and
- any additional information the claimant wants the Hearing Officer to consider.

The hearing request must be filed within six months after the review determination date, and the amount remaining in question must be at least \$100.

(6/21/91)

Editorials

Peace of mind

Included with this issue of *Illinois Medicine* is a tool that offers you a way to help your patients that transcends the practice of medicine. "A Personal Decision" is a brochure that contains practical information about becoming an organ donor and determining one's medical care in the event of a terminal illness or injury. But it is not merely a brochure. "A Personal Decision" also contains the instruments that your patients can use to ensure that their wishes in this most personal of decisions will be observed.

The physicians and patients of Illinois have for some time expressed a crying need for help in dealing with this sensitive issue. Task forces and the legislature continue to wrestle with how to make life-and-death decisions when the ethical choices remain confusing, and the decision is so personal and so final.

With this brochure, patients can instruct their family and physician about these decisions. Choosing to donate body parts after death is a generous gift of life. Completing a durable power of attorney for health care and a living will is one of the most profoundly thoughtful and caring acts a living person can do for those he or she leaves behind. A durable power of attorney for health care enables a patient to designate someone else to make health care decisions in the event he or she is unable to do so. The designated agent or surrogate has the legal right and responsibility to make health care decisions, including initiating or terminating medical procedures and life support systems, and authorizing organ donation and autopsy.

A living will declares a patient's intent that the health care team not delay death, if it is imminent, through lifesaving measures. It permits patients to control the health care they receive even if they cannot communicate with those rendering care.

In addition to providing the statutorily correct forms to complete, the brochure includes cards attesting that the bearer has authorized organ donation, or has executed a durable power of attorney or living will. The cards, which easily fit in a wallet or credit card holder, can help the medical team know and carry out the patient's wishes.

One might think this brochure is of interest to senior patients only. Not so. When first distributed to the ISMS Board of Trustees and staff a couple of weeks ago, people of all ages eagerly took copies. Many said they were going to use the brochure for themselves and provide copies to their parents.

Indeed, a recent federal directive requires that hospitals provide their patients with advance directive information. This brochure complies with this federal requirement. The brochure and forms used therein may be duplicated and completed and are legal in this format. (In fact, the form is not absolutely required and anyone can write out their advance directives.)

ISMS sought to make it as easy as possible for physicians to help their patients deal with this issue. The society applauds the Chicago Medical Society for developing a similar patient brochure. That CMS has already distributed nearly 60,000 brochures to residents of Cook County clearly indicates the need for these instruments. Now, they are available to physicians and patients throughout Illinois. We hope you'll request a supply for your patients.

In Springfield, a bill that would confer the right to make life-sustaining decisions on surrogates of terminally ill patients is close to becoming law. This law is designed specifically to help those patients who have not signed a durable power of attorney or a living will. This legislation is needed, and *Illinois Medicine* has already called for its passage in a previous editorial.

But by executing the instruments included in this brochure, patients can obviate the need for invoking the provisions of the surrogate decision-making legislation. Providing this brochure to your patients is an act of caring that reflects the practice of the art of medicine, as well as its science. It provides something physicians sometimes find in short supply: peace of mind. ▲



President's Column

RBRVS:
No winners
to be found

Robert M.
Reardon,
M.D.

A glimpse at the preliminary resource-based relative value scale (RBRVS) payment system, a proposed federal formula to determine what to pay doctors who treat Medicare patients, appears to declare family physicians "winners." In 1992, family physicians and internists will see a fee increase of 13 percent, while all other specialists' fees will drop. The only exception is internists, whose rates remain the same for 1992 but decrease in later years.

The American Academy of Family Physicians and the American Society of Internal Medicine supported RBRVS when it was first discussed, as did the American Medical Association. Many physicians believed that some change was going to be made, and that we could do worse than what was touted to be a budget-neutral RBRVS, based on sound and fair data.

However, the RBRVS that emerged in the June 5 "Notice of Proposed Rulemaking" issued by the federal government is, first of all, not budget neutral, but budget driven. Medicare fees will be cut 3 percent in 1992, and are projected to decrease 16 percent across the country by 1996. It also seems that many of the premises on which the original RBRVS was developed have been tinkered with and changed, so that the soundness and fairness of the data is suspect.

Are family physicians and internists really winners? I don't think so. There are no winners. All physicians and their patients could be big losers. What's going to happen to medical care in this country when first Medicare, then private insurers, further ratchet down their reimbursement levels? There is much talk now about problems of access to

care. The simplistic solution offered by the RBRVS to attempt controlling health care costs could cause a massive shift in health care delivery in this country.

Illinois physicians will see a 2 percent drop in Medicare rates across all specialties in 1992 under the proposed RBRVS; by 1996, the drop will be 14 percent. Coupled with low pay, slow pay Medicaid reimbursement and third party payer gate-keeping tactics, the practice of medicine will be controlled by just about everybody except the physician and patient.

With every third party payer, government and private insurer alike making decisions based solely on cost savings, quality of and access to care will suffer. As physicians find it harder and harder to pay medical practice expenses because every payer is reimbursing below cost, physicians will be forced to leave the practice of medicine.

When the RBRVS was first developed several years ago, it was supposed to provide fairness to specialists in the way the government reimbursed physicians. The RBRVS that emerged June 5 provides no fairness and hurts physicians and patients alike.

Organized medicine didn't stick together on this issue. We allowed the government to divide and conquer. Surgeons and primary care physicians squabbled and split, while the AMA tried to act as the protective umbrella. However, the impact of RBRVS implementation will soak us all. ▲

Robert M. Reardon, M.D.
President

Illinois Medicine

VOLUME 3, NUMBER 12

JUNE 21, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bombrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
Alan M. Roman, M.D.
Fred Z. White, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.



Illinois Medicine welcomes letters on topics of interest to our readers. Write us at Letters to the Editor, Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Letters of any length will be considered for publication, but we reserve the right to edit for space.

On the death penalty

Concerning the resolution against doctors participating in the death penalty: I understand your society is an independent one and the work you put in to make this ethical and moral stand took much effort on your part. I applaud your success. The medical profession has the public's eye and this positive step toward life and mercy, in accord with your professional oath, has to have a positive effect to help people see [the] evil of one person participating in the death of another.

I am a member of the Endeavor Project, a group of national Death Row prisoners, their families and friends working to abolish the death penalty. We work together through a newspaper and in our own individual states with local abolition groups. Two of the editors are on Death Row in Texas and this is the state I work with. As in Illinois, lethal injection is the method of state murder [in Texas]. We would like very much to work closer with doctors in other states.

Again, I commend your efforts.

Janelle Barabash
Brooklyn, N.Y.

The 'collaborative' health team

I was pleased to read of ISMS support for advanced specialty nurses (certified nurse-midwives, certified registered nurse-anesthetists and certified nurse-practitioners) in the May 10 issue of *Illinois Medicine*. I think it has become abundantly clear that a major solution for improving access to care for the people of this state is for physicians to work with these health care practitioners as a team. However, I was disturbed by several aspects of the article.

First, advanced nursing specialists should not be lumped together with physician's assistants, for their educational preparation and scope of practice is very different. Unlike the case of physician's assistants, I know of no current stipulation in "state law" that mandates "one-to-one" supervision of advanced nursing specialists, as was stated in the article.

Secondly, I fully agree with Raymond A. Dieter Jr., M.D., that in a well-functioning team, a physician may provide guidance for more than one advanced specialist nurse. Recognition of this fact would extend the services of the health care team more greatly than any other single provision.

Lastly, while I personally have chosen an employer/employee model for my practice, which includes certified nurse-midwives, I feel it is important for physicians to recognize that there are many doctors working with advanced nursing specialists who have chosen specifically NOT to work in a "supervisory" capacity.

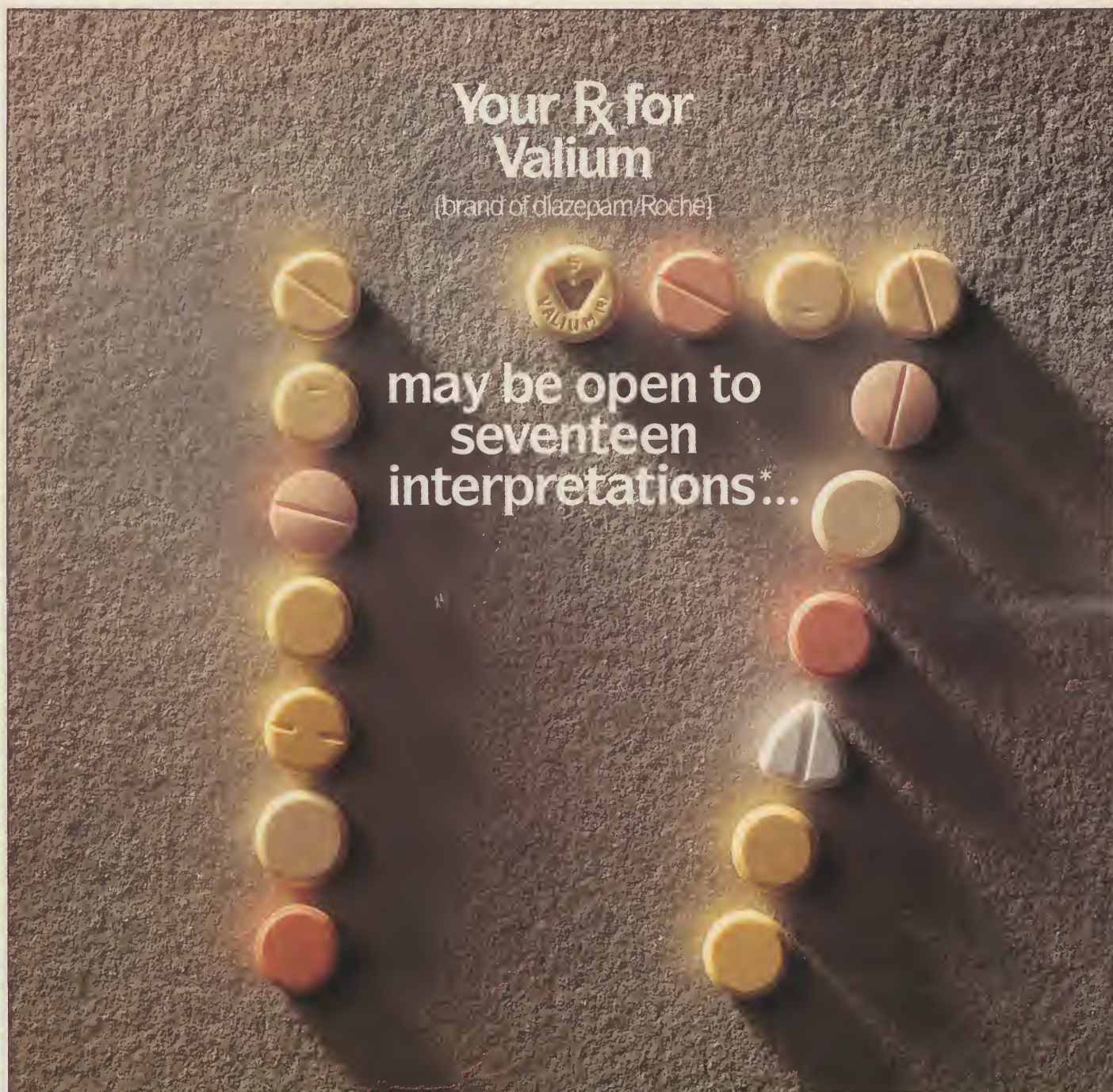
These "collaborative practice" arrangements provide just as much safeguard for optimal health care, but at the same time they decrease the physician's financial responsibility for the advanced nursing specialist and limit the physician's vicarious liability exposure. There have been several cases nationwide that have substantiated the legal point that an advanced nursing specialist practicing within the scope of his/her educational preparation, and without the vicarious liability that an employer/employee relationship mandates, is SOLELY responsible for his/her practice decisions. The "captain of the ship" as a legal principle in actu-

ality has not been a functional precept for many years.

We physicians must make an effort to reorganize our thinking; recognition of a collaborative health care team will be an indispensable part of our efforts to improve access to care for those whom we serve.

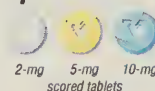
A. William Schafer, M.D.
Hinsdale

Editor's note: On the matter of physician supervision, Dr. Schafer is correct. The "one-to-one" supervisory provision in state law applies only to physician's assistants.



unless you settle the issue by checking
the "May Not Substitute" box.

VALIUM[®]
brand of
diazepam/Roche [®]



The final choice should really be yours

The cut out "V" design is a registered trademark of Roche Products Inc.
Copyright © 1991 by Roche Products Inc. All rights reserved.

Roche **Roche Products**
Roche Products Inc.
Menotti, Puerto Rico 00701

*According to the Orange Book, 10th ed, US Department of Health and Human Services, 1990, diazepam tablets may be available from as many as 17 companies. Tablets shown represent 5 mg diazepam tablets.

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Case #1

Presenting complaint and initial diagnosis – A 49-year-old man was admitted to a hospital twice in a month with complaints of headache, dizziness, vomiting and tremors.

The case in brief – Suspecting the man had suffered a slight stroke, the patient's family physician treated him conservatively during the first hospitalization. Two weeks later, the patient was readmitted with similar but more severe symptoms and was seen by a neurologist. A CT scan revealed a hematoma in the right temporal lobe indicative of an aneurysm leaking into the subarachnoid space.

Surgery was performed, an aneurysm clipped and the patient recovered. Some minor neurological deficit was present following surgery, however.

The resulting claim – The patient sued the family physician for failure to diagnose and delay in calling in a consultant. He alleged that the residual neurological deficit could have been prevented if the aneurysm had been diagnosed and treated sooner.

The outcome of the claim – The family physician eventually settled for about \$10,000.

Case #2

Presenting complaint and initial diagnosis – The wife of a 53-year-old real estate salesman telephoned her husband's primary care physician to report that he was ill. She said he had suffered a headache for the past two days, had been vomiting and was now running a 100.5-degree fever.

The case in brief – After questioning the woman, the physician concluded the man had the flu and advised bed rest and fluids. He told the woman to call him in two or three days if her husband was not better. Having not heard from the family in three days, the physician telephoned the wife, who said her husband's headache and fever were gone and that he was feeling much better. Ten days later, the husband was brought to the hospital emergency room and was pronounced dead on arrival. An autopsy revealed a massive subarachnoid hemorrhage.

The resulting claim – The patient's wife sued the physician for failure to diagnose, delay in treatment and wrongful death.

The outcome of the claim – A jury awarded the wife \$150,000.

Case #3

Presenting complaint and initial diagnosis – A 42-year-old woman was brought to a hospital in a near-comatose state. Her husband said she had suddenly experienced sharp, severe pain around her left eye, pain in her neck and shoulders, dizziness and nausea.

The case in brief – A consultant was immediately called. Suspecting a subarachnoid hemorrhage, he ordered a CT scan and a lumbar tap and began administering aminocaproic acid, dexamethasone and phenobarbital. The CT scan was inconclusive, but the spinal tap showed a bloody cerebrospinal fluid under increasing pressure. Angiography was ordered and surgery was scheduled, but the patient's condition suddenly worsened and she died.

The resulting claim – The husband sued the consultant, alleging negligence and delay in treatment that led to his wife's death.

The outcome of the claim – The consultant was absolved of any negligence. Expert witnesses testified that he had correctly made the initial diagnosis and verified it with the appropriate tests. Because the subarachnoid hemorrhage was massive, however, neither surgery nor other treatments could have saved the patient's life.

Case #4

Presenting complaint and initial diagnosis – A 69-year-old farmer was brought to a small rural hospital early one morning complaining of a "terrible" headache. He was disoriented and was nauseous.

For Your Patient Referral Needs



Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex



The case in brief – The on-call attending physician suspected a brain hemorrhage into the subarachnoid space and rushed the man into surgery. With the skull open, a large aneurysm was visible with rupture into the left frontal lobe and the left lateral ventricle. Because the aneurysm originated in the left internal carotid artery, it could not be clipped at its neck. The patient arrested and died during surgery.

The resulting claim – The patient's family sued the physician for negligence, failing to obtain appropriate tests before operating, and performing surgery beyond his competence.

The outcome of the claim – The physician argued that the man's condition was life-threatening and required immediate surgery. Moreover, because of the hospital's remote location, it would have taken hours for a neurosurgeon to arrive. Plaintiffs countered that such surgery requires special training and that the physician in question had performed only two such procedures. The case was settled for an undisclosed amount.

The points these cases make – No payments have been made on behalf of the physicians in a significant number of the cases filed against Illinois State Medical Inter-Insurance Exchange insureds alleging negligence in diagnosing or treating a subarachnoid hemorrhage. The major reason, Exchange experts explain, is that approximately 35 percent of patients with severe subarachnoid hemorrhage die from first hemorrhages regardless of intervention efforts. However, in the cases in which the alleged failure to diagnose or delay in diagnosis of subarachnoid hemorrhage causes significant neurological deficit, very large awards against the physicians have been noted.

The type and origin of a patient's headache are important keys to diagnosis, advises John Van Landingham, M.D., a Rockford neurosurgeon. "Often, a patient will say, 'This is the worst headache I have ever had!' If the nature and onset of the headache are not determined, the diagnosis can be missed," Dr. Van Landingham says.

Exchange experts also advise to have a high index of suspicion of a possible subarachnoid hemorrhage in patients with the following symptoms:

- Headache, nausea, vomiting, perhaps a stiff neck or shoulder pain: Probe specifically about the headache – what it is like and how it began. Was it associated with strenuous activity?
- Fever: Inflammation occurs and fever can develop after a few days if there has been bleeding into the subarachnoid spaces.
- Vision problems: Is the patient complaining of pain around the eye or difficulty in opening his eye? These could indicate an aneurysm of the carotid artery.

Exchange advisers suggest physicians take the following actions after taking a detailed history:

- Order a CT scan. If it is inconclusive, order a spinal tap and look for bloody fluid. (Although a spinal tap

may confirm the presence of a subarachnoid hemorrhage, many consultants now order the CT scan first and a tap when the scan is inconclusive.)

- Obtain cerebral angiography studies of all four cerebral vessels to verify the diagnosis, pinpoint the location of the aneurysm and determine its operability.
- Call in a qualified consultant if a subarachnoid hemorrhage is diagnosed. The repair of an aneurysm requires special skill and training. The neurosurgeon must decide what to do and when to do it.
- Explain the gravity of a subarachnoid hemorrhage to the patient and family. The risks of operating or not operating should be clearly ex-

plained and all information and discussions documented fully in the patient's chart.

"A subarachnoid hemorrhage or the potential rupture of an aneurysm that can lead to such a bleed is potentially crippling or fatal," notes Dr. Van Landingham. "Although [when] properly diagnosed and treated, in many cases patients can do very well." ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

Reminder: Quarterly premiums due July 1

Illinois State Medical Inter-Insurance Exchange policyholders are reminded that quarterly policy premium payments are due July 1. Termination notices will be processed immediately after the due date for those policies whose payments are overdue. Overdue payments not received by July 16 will result in automatic policy cancellation. Reinstatement will be subject to approval through a special underwriting process. ▲

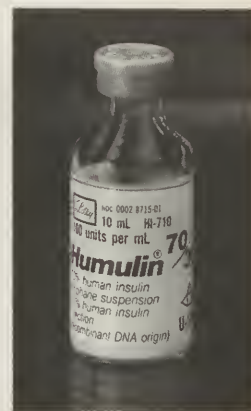


For your insulin-mixing or NPH-using patients

Humulin^{70/30} makes life easier

Rapid onset and sustained duration insulin activity in a single vial

- May offer enhanced control through a more physiologic activity profile
- Accurate dosing—eliminates mixing errors
- Convenient premixed dose for better compliance
- Easy to use—for patients who find mixing difficult



Specify
Humulin^{70/30}
70% human insulin isophane suspension
30% human insulin injection (recombinant DNA origin)

Humulin has just the right mix

Any change of insulin should be made cautiously and only under medical supervision.

Changes in refinement, purity, strength, brand (manufacturer), type (regular, NPH, Lente®, etc), species (beef, pork, beef-pork, human), and/or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage.

Leadership In Diabetes Care



Eli Lilly and Company
Indianapolis, Indiana
46285

©1991, ELI LILLY AND COMPANY HI 2921-B-149322

Urban health problems challenge UI medical school dean

by Catharine Reeve

WHEN GERALD MOSS, M.D., became dean in late 1989 of the University of Illinois College of Medicine, he was no stranger to either the university or to the complex public health problems of the community it serves.

Underscoring these problems was the fact that his appointment came in the wake of the turbulence caused by an ill-fated affiliation agreement with the then-Michael Reese Hospital and Medical Center. Responding to faculty and community pressure, the General Assembly refused to approve transferring control of the university hospital to Cook County, a

key part of the agreement. After his predecessor, who was a co-author of the affiliation plan, resigned, the Board of Trustees turned to Dr. Moss, then on staff at Michael Reese.

"I had been in Chicago for 20 years," says the vascular surgeon. "I understand how important this college is and what the needs of the community are. I thought becoming dean was an extraordinary opportunity to influence events that were going to occur in a very important part of the country."

Dr. Moss' years in Chicago have profoundly affected the direction he is pursuing as dean of the largest medical school in the United States. He first put roots down in Chicago

in 1969, when he joined the faculty of the University of Illinois' department of surgery. He has since held various positions at UI, the University of Chicago, Humana Hospital-Michael Reese, and Cook County Hospital, and has practiced privately.

But he says it was the 10 years he spent at Cook County Hospital, many of them as chairman of the surgery department, that brought home the realities of urban medicine and the needs of the medically indigent. "If you're out in the suburbs," he says, "you don't see these problems. The United States has the



UI College of Medicine Dean Gerald Moss, M.D.

most sophisticated and effective medical technology in the world, but there are a lot of people out there who are not getting medical care."

In Cook County, "a lot" comes to 1 million to 2 million people with inadequate access to health care, according to the 1990 report of the Chicago and Cook County Health Care Summit.

What, asks Dr. Moss, is the proper role for a public university to play in that setting?

The answer comes in many forms, says Dr. Moss, but two main areas are readily apparent: develop programs to encourage future physicians to go into primary care medicine and discover ways to provide more medical care to the indigent in the community. Noting a drastic decline in the number of medical students choosing primary care medicine during the 1980s (only 20 percent selected that field in 1989), coupled with a rapidly increasing need for primary care specialists, Dr. Moss attacked the problem head-on.

"It's been a Herculean task, but we have changed the curriculum so that students have much greater exposure to primary care medicine," he says. "We've added a clerkship for family medicine in the third year of classes, and we've added longitudinal care teams, where students follow the same patients for all four years of their classes."

Another milestone occurred with the establishment this year of two new outpatient clinics, one in the Austin area, under UI auspices. The other was the reopening of the Mile Square Health Center on Chicago's West Side as a joint project with the city of Chicago. Both clinics offer primary care to the neighborhoods in which they are located, are serviced by both faculty and private physicians, and offer students and residents hands-on exposure to primary care medicine.

"Medical education is usually carried out on high-tech, super specialty services in hospitals; students don't gain adequate exposure to where most of the important things are happening," says Dr. Moss, explaining the benefits of the Austin

and Mile Square clinics as training venues. "Every medical school does a pretty good job teaching students technology and science. We're trying to make sure they are sensitive to the larger society and what its needs are and how a physician can respond to them."

The high-tech specialties, while arguably more glamorous, are becoming increasingly crowded and competitive. Dr. Moss hopes that students will see some of their professors functioning in an ambulatory, non-hospital setting and be inspired to emulate them. "You don't have to be a super specialist to have a satisfying life," he says.

The altered curriculum and emphasis on primary care pose no threat to the university's commitment to research, Dr. Moss stresses. "Our goal," he says, "is to continue to enhance our role as a research college of medicine. We want to be in the first rank of new knowledge as it develops, and we've invested considerably in attracting competitive medical students to the school."

UI has long boasted another unique feature. "One of our shining successes," says the dean, "is our performance in attracting students from minority groups. Currently, about 40 percent of our 1,200 students are minorities. No other school in the country has numbers like that." The school provides special tutoring sessions for students from disadvantaged backgrounds.

And now, the University of Illinois College of Medicine is at an historic high in numbers of applications received (4,000 last year for 300 openings in the freshman class), its students are scoring above average on tests, and its dean is doing what he can to positively affect the needs of the college, the students, and the community. His office mirrors his egalitarian philosophy: He has no desk, just round tables.

"I don't believe in desks," he says. "I don't like the relationship they imply." ▲

(Editor's note: This article is the sixth in a series profiling Illinois' medical school deans.)

YOCON[®] YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the CNS and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

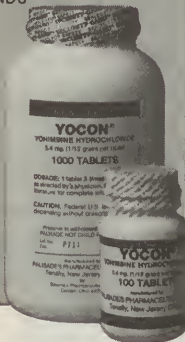
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**

219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

A BRIGHT IDEA TO START WITH...



180mg
Calan[®] SR
(verapamil HCl) 180 mg
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

Rural OB care shortage no surprise to Illinois physicians

by Tamara Strom

CONCLUSIONS OF A new state study that access to obstetrical care is virtually non-existent in some rural communities is hardly news to Illinois physicians. Many have said so for years.

"None of this is headline material," said Illinois State Medical Society President Robert M. Reardon, M.D. "Physicians in Illinois have consistently expressed dismay at the access barriers to obstetrical services in rural parts of the state."

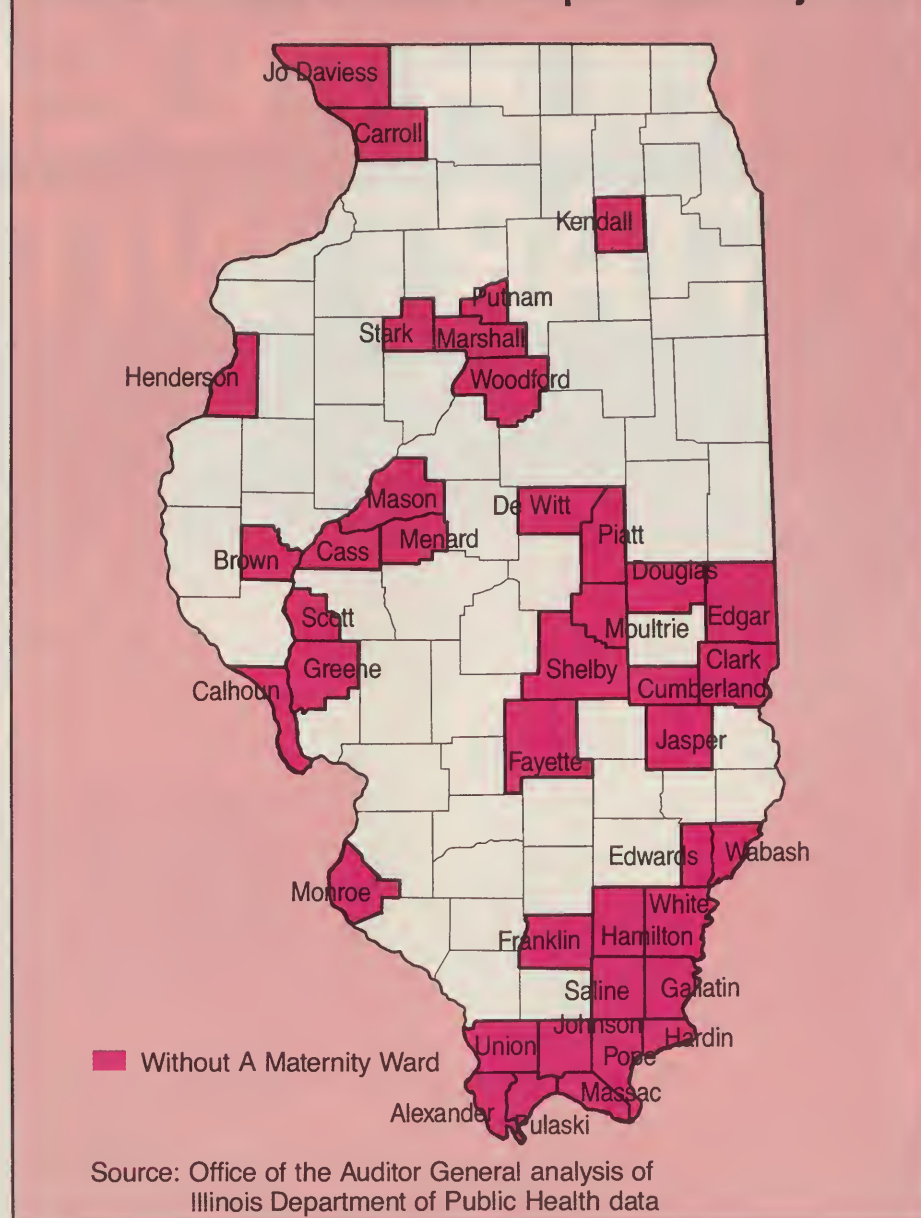
While Illinois ranks favorably among midwestern states in physician-to-patient ratios for OB care, most doctors providing prenatal care or delivering babies are clustered in urban areas, leaving many rural communities without obstetrical services, according to an Auditor General's report, "Availability of Obstetric Care in Illinois," released June 5. In fact, 46 rural Illinois counties lacked a practicing obstetrician in 1989. Most of those counties did have family physicians, but only about half of those physicians offered obstetrical care, the report stated.

Dr. Reardon noted that many family physicians are reluctant to deliver babies, particularly for high-risk pregnancies, without an obstetrician backup in a nearby community. "And many obstetricians are unable to establish practices in small, rural communities because of low patient populations, untimely Medicaid payments and high malpractice insurance premiums," he said. "All of these things combine to keep services absent from rural areas. It's a complex problem, and one that is not easy to solve."

For Kendell G. Stephens, D.O., a Fairfield family physician, the report findings hit close to home. "It made me more depressed than I already am," Dr. Stephens said. "But of course it didn't come as a surprise. It confirmed my suspicions. I knew things were bad, but reading about it made it more poignant. There is definitely a crisis in rural OB and a hyper-acute crisis in public aid OB care."

Dr. Stephens is keenly aware of the

Illinois counties without a hospital maternity ward



rural crisis of which he speaks. He is one of only two family physicians who deliver babies in Fairfield. Between himself and the other doctor, Steven N. Scott, M.D., they provide OB services — prenatal care, delivery, caring for the newborns — to women in a 12-county radius in southeastern Illinois.

And Dr. Stephens' practice is booming, if you can call it that. About 40 percent of his practice is OB, he said, adding that nearly 90 percent of his OB patients are on

Medicaid. He averages about 12 to 15 deliveries a month, some months delivering more than 20 babies. He estimates he spends about 100 to 120 hours a week on OB care. He used to see about 35 patients a day, but now he sees between 45 and 50 a day.

Busier and busier

"I'm getting more and more busy," he said. "But I haven't let it push out other patients. Some may have to wait a little longer to get in to see

me, but I won't let them get crowded out. If they're sick, they come in. No patients are bumped."

What is getting bumped is his time away from medicine. The father of two sons aged 3 and 5, and with a new baby on the way in October, Dr. Stephens said his family is "very understanding" about his absences from home. "Because of the high volume and the responsibility I feel to my patients, especially my OB patients, I'm very committed," he said. "Because of the bond I form with my OB patients, I really don't like to miss my deliveries. But if I never missed one, I would never leave Wayne County. That would be foolish and unhealthy."

He and Dr. Scott cover for each other to allow them an occasional weekend off or short vacation, Dr. Stephens said. "But with one of us gone, that puts a lot of responsibility on the other, because our practices are work-intensive and high stress," he noted. "Our patient population tends to be high risk, so we see premature labor and caesarean sections and we also provide care for the newborns."

In addition, because the Fairfield hospital is a "small, rural hospital," Dr. Stephens said he finds himself "baby-sitting a good deal of the labor process" to supervise the nurses. He has spent two or three days straight at the hospital or in his office, which is adjacent to the hospital, during busy periods or when he has a patient with a complicated delivery. If that patient is a Medicaid recipient, Dr. Stephens said he will receive only the standard fee for a delivery from the state, "which is on the low end of the scale. If it's a complicated delivery or if I have to induce labor, I lose money. But it's the time investment you lose your socks on."

As one of few physicians in the southeastern corner of the state who accepts OB patients on Medicaid, Dr. Stephens said he wishes the state would speed up the payment cycle. Drawn-out Medicaid reimbursement can mean carrying charges for an anticipated delivery on his books for more than a year. "The amount [reimbursed] for the care is a little bet-

Study shows southern Illinois counties lack obstetrical services

AN INDEPENDENT survey of the 27 southernmost Illinois counties showed eroding availability of OB services in the state. The results mirror findings of the recently released Illinois Auditor General's report on the distribution of OB services and providers in rural communities.

Commissioned by the Illinois Department of Public Health, the study was conducted by the Shawnee Health Service and Development Corp. in conjunction with the Southern Illinois University Center for Rural Health.

Of the 27 counties surveyed, 16 counties have no OB services or OB providers at all, said George O'Neill, executive director of the Shawnee Health Service and Development Corp., a not-for-profit health research and care delivery group. The study area has a population of just over 500,000, O'Neill said, adding

that 35 percent of the residents, or 200,000 people, live in the 16 counties without obstetrical services. Only 13 counties have hospital obstetrical departments, with six hospitals delivering less than 150 babies a year.

In recent years, two-thirds of the physicians who previously provided OB services at those 13 hospitals no longer do so, O'Neill said. Nearly 91 percent of the physicians who stopped offering OB services in the downstate counties are family physicians, he noted.

Because so many physicians are no longer providing OB services, hospitals can no longer afford to maintain obstetrical units, O'Neill said. For example, in the downstate hospitals seeing less than 150 births a year, there are typically only one or two physicians treating all of the patients. Consequently, those hospitals' OB units are at greater risk for clo-

sure if those physicians give up OB practice, he said.

Pregnant women typically travel more than an hour to obtain routine prenatal care. In addition, the lack of OB services forces pregnant women to Indiana, Kentucky and Missouri to seek care, resulting in lost revenues for Illinois physicians and hospitals, O'Neill noted. Of the 7,000 annual births in the 27 counties surveyed, 12 percent occur out of state, he said. That translates into an annual loss of \$3.2 million for doctors and hospitals, he added.

Physicians and hospitals also lose money on Medicaid patients, O'Neill said, because they are reimbursed for less than suburban or urban providers even though their charges are lower. And most providers in downstate rural areas charge only about one-half the state average for OB services, he added. ▲



Beautiful Babies Campaign

ter now," he said. "But I'm not happy about the fact that it takes so long."

Not a physician-friendly state

Dr. Stephens said he has been trying – unsuccessfully – to recruit physicians to deliver babies for the three years he has been practicing in Fairfield. Although one internist did establish a practice in the area, he cannot find a family physician who will offer OB services. "Illinois is not a physician-friendly state," he said. "We have high malpractice premiums and high awards."

The current malpractice climate prevents Larry Jones, M.D., a family physician in downstate Harrisburg, from providing obstetrical services to his patients, a fact he resents. "I feel like less of a doctor than when I could deliver OB services," Dr. Jones said. "I enjoyed OB. I thought I was pretty good at it. I miss it."

Dr. Jones ceased offering regular OB services when the two obstetricians in his area moved away. "That left only us family practitioners," he said. "And without specialist backup, family practitioners can't deliver babies, especially in this malpractice environment. It left a pretty large area without OB services."

"I feel like less of a doctor than when I could deliver OB services. I enjoyed OB. I thought I was pretty good at it. I miss it. Unless we get some drastic changes in the tort system, I don't see any of this changing."

— Larry Jones, M.D.

Dr. Jones delivers about one baby a month in the emergency room of the local hospital, because some patients do not have the means to travel to hospitals in other counties to have their babies. "I view a delivery in the emergency room as a medical emergency and I hope I'm covered under the Good Samaritan Act," he said. "But I have no existing relationship with these patients when I deliver their babies and that makes me nervous. Malpractice does affect small-town physicians as well."

There is another reason Dr. Jones said he is uncomfortable delivering ER babies. "It's really bad obstetrical care to deliver a baby without any prenatal care at all," he explained. "I don't want women to think that's an option."

Instead, the typical pregnant woman in his area goes to Evansville, Ind., Paducah, Ky., or Carbondale to establish a doctor-patient relationship for prenatal care and then "makes the trip to the hospital in that area to have her baby" when she goes into labor.

"I'm not bitter or angry," Dr. Jones said about his inability to practice "all-around" medicine. "I guess I'm just pessimistic. Unless we get some drastic changes in the tort system, I don't see any of this changing." ▲

HIV testing

(continued from page 2)

when individuals consent to an HIV test they must be informed that, unless testing is done anonymously, the results of the test will be recorded in their chart, Dr. Klein said. Even a negative test result can create problems for patients with insurance companies, who may infer that if patients have been tested they may be at risk of contracting the disease.

Physicians must be sensitive to confidentiality issues, both in counseling and in testing, Dr. Von Behren said. This is especially true downstate, where the nature of small towns makes assuring confidentiality difficult. "It's not unusual to have primary care physicians in central and southern Illinois make

arrangements [for patients] to go to Springfield for HIV testing," he added.

Many physicians are uncomfortable dealing with HIV-positive patients because of the patients' lifestyles, said Robert Jespersen, M.D., director of consultation liaison psychiatry at the Humana Hospital-Michael Reese AIDS clinic in Chicago. He added, however, that oral consent may make physicians more comfortable about counseling their patients about the disease.

As HIV incidence has increased, physicians have become more accustomed to dealing with HIV-positive patients, said David Blatt, M.D., co-director of the AIDS unit at Illinois Masonic Medical Center in Chicago. Nevertheless, he is concerned that what the counseling physicians feel

is adequate may be insufficient to adequately address the complexity of HIV-related issues.

Other HIV issues to be discussed

HIV testing of physicians and disclosure of their HIV status to patients is one of the resolutions on the House of Delegates agenda. The AMA's position on HIV-infected physicians should be the subject of considerable debate, Dr. Schwarz said. Earlier this year, the association recommended that HIV-positive physicians either disclose their status to patients or refrain from performing invasive medical procedures.

Debate could center around whether an HIV-infected physician who uses universal precautions poses a significant risk to patients, Dr. Schwarz said. ▲

Taking The Mystery Out of Long Term Disability



"Holmes, here's a Long Term Disability Plan that pays up to \$10,000 per month without taking anything away from the benefits paid by my other plans," Doctor Watson declared.

"Why, that's amazing," Holmes rejoined.

"That's not all, Holmes," Doctor Watson replied. "This Plan even pays for partial disability. The period of partial disability counts toward the waiting period if I later become totally disabled."

"Incredible, Watson."

"What's more incredible is it's only test for disability is the inability to perform my own medical specialty."

"How's that possible, Doctor Watson? Your specialty is mystery!"

"Elementary, my dear Holmes. After all, it's just what the doctors ordered!"

There's no mystery to obtaining Long Term Disability protection at low cost group rates from your medical society. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the PBT Long Term Disability Plan sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

CMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

ISMS Council and Committee Appointments

George T. Wilkins Jr., M.D., chairman of the Illinois State Medical Society Board of Trustees, made the following ISMS council and committee appointments, which were ratified by the board at its June 8 meeting. Nominations for council and committee appointments are submitted by county medical societies and individual physicians. Appointments are for one-year terms.

Councils/Committees

Council on Economics:

Richard A. Schmidt, M.D., Ottawa, Chairman
Michael E. Beatty, M.D., Edwardsville
Richard T. Coppoletti, M.D., Rockford
Jerome J. Frankel, M.D., Evanston
Henrietta Herbolsheimer, M.D., Chicago
Stephen R. Kappel, M.D., Belleville
John R. Krueger, M.D., Bloomington
John W. Mason, M.D., Hinsdale
Ronald F. Pokornowski, M.D., Carol Stream
Albert W. Ray Jr., M.D., Joliet
Norman J. Scheibling, M.D., Springfield
Jay S. Weller, M.D., Rockford

Council on Education and Manpower:

Donald F. Pochyly, M.D., Arlington Heights, Chairman
Jay R. Anders, M.D., Champaign
William Coyer, M.D., Glen Ellyn
David C. Garretson, D.O., Belleville
Raymond F. Hillson, M.D., La Grange
Edward A. Hirsch, M.D., Sycamore
Larry R. Jones, M.D., Harrisburg
Philip A. Lobo, M.D., Arlington Heights
Russell M. Petrak, M.D., Burr Ridge
James J. Schulte, M.D., Peoria
Elliot J. Sussman, M.D., Chicago

Glen E. Tomlinson, M.D., Oak Brook
William G. Troyer, M.D., Chicago

Committee on CME Activities:

Bruce C. Becker, M.D., Chicago, Chairman
Mohan C. Airan, M.D., Westchester
Maruti S. Bhorade, M.D., Elmhurst
Norman R. Brill, M.D., Olympia Fields
Stanley M. Bugaieski, M.D., Peoria
Richard E. Dukes, M.D., Champaign
Stuart A. Morgenstein, D.O., Bloomingdale
Jeremias N. Pruc, M.D., Des Plaines

Governmental Affairs Council:

William J. Marshall, M.D., Olympia Fields, Chairman
Virendra S. Bisla, M.D., Flossmoor
Albino T. Bismonte, M.D., Gurnee
Donald E. Casey Jr., M.D., Oak Park
Edward G. Ference, M.D., Springfield
Laurence J. Gott, M.D., Hoffman Estates
William F. Hays, M.D., Herrin
Fred V. Kemp, M.D., Aurora
Joseph M. Purpura, M.D., Lake Forest
Stephen P. Rittmann, M.D., Schaumburg
Ronald L. Ruecker, M.D., Decatur
James E. Segrist, M.D., Alton
Mark A. Shima, M.D., Peoria
Paul S. Szewczyk, M.D., Belleville
James A. Turner, D.O., Marshall

Public Affairs Committee:

William F. Hays, M.D., Herrin, Chairman
Ronald H. Deering, M.D., Champaign
Richard A. Geline, M.D., Skokie
Ronald K. McGregor, M.D., Decatur
Charles A. Neumann, D.O., Downers Grove
Jesus G. Vega, M.D., Chicago
Edward S. Warren, M.D., Danville

Medical Legal Council:

Clair M. Callan, M.D., North Chicago, Chairman
Richard H. Blankshain, M.D., Oak Park
Lorris M. Bowers, M.D., Peoria
Phillip H. Dennis, M.D., East St. Louis
Avram R. Kraft, M.D., Highland Park
John J. La Puma, M.D., Park Ridge
Patricia A. Merwick, M.D., Elmhurst
Herbert Sohn, M.D., Chicago

Council on Medical Services:

James L. McGee, M.D., Peoria Heights, Chairman
James P. Ahstrom Jr., M.D., Downers Grove
Robert E. Einhorn, M.D., Olney
Roger Hand, M.D., Chicago
Lawrence P. Jennings, M.D., Mt. Carmel
Ronnie W. Lee, M.D., Maywood
Michael G. Murphy, M.D., Belleville
H. Bates Noble, M.D., Barrington
Paul E. Pedersen, M.D., Bloomington
Richard J. Sassetti, M.D., Chicago
Karen L. Scott, M.D., Maywood
Stephen H. Sheldon, D.O., Chicago
John E. Tillis, M.D., Rockford
Edward F. Wilt Jr., M.D., Crystal Lake
John R. Lumpkin, M.D., Chicago, Consultant
Warren H. Staley, M.D., Chicago, Consultant

Blood Banking and Laboratory Services Committee:

Richard J. Sassetti, M.D., Chicago, Chairman
John G. Dietrich, M.D., Springfield
Seymour R. Goldberg, M.D., Bloomington
Robert J. Kapicka, M.D., Arlington Heights
Vasanth Kumaraiyah, M.D., Olympia Fields
Peter J. Soto, M.D., Belleville
Robert B. Wellman, M.D., Urbana
John A. Wiley, M.D., Oak Park

Sports Medicine Committee:

H. Bates Noble, M.D., Barrington, Chairman
Daniel M. Adair, M.D., Springfield

Board Briefs

The Illinois State Medical Society Board of Trustees met June 8 at the ISMS Conference Complex in Chicago. Following are highlights of the board's actions:

ISMS promotes tort reform at Supreme Court level

ISMS is petitioning the Illinois Supreme Court to protect fairness in the court systems in medical malpractice cases. In the *McAlister vs. Schick* and *DeLuna vs. St. Elizabeth's Hospital* cases, ISMS seeks to protect the requirement for an affidavit of merit before a medical malpractice suit can be filed. In *Daly vs. Carmean*, ISMS challenges a lower court's opinion that the statute of limitations did not begin to run while a patient continued to see a health care provider, even if the continuing care was not negligent. In *Bochantin vs. Petroff*, ISMS seeks to restrict abuse of the discovery process and the voluntary dismissal mechanism.

Physicians gear up for AMA annual meeting in Chicago

The Illinois delegation to the American Medical Association is preparing for the AMA annual meeting June 23-27, and the inauguration of John J. "Jack" Ring, M.D., of Mundelein, as AMA president on June 26. Scott Bernstein, a medical student at the University of Illinois at Urbana-Champaign, was selected by the AMA Board of Trustees as the student trustee on the AMA board. He joins P. John Seward, M.D., of Loves

Park, who was elected to the AMA board in 1990.

More than 50 Illinois Hospital Medical Staff Section representatives will attend the AMA-HMSS 17th General Assembly June 20-24. The AMA Resident Physician Section meets June 21-22. Michael Cantor, ISMS medical student representative from the University of Illinois at Urbana-Champaign, is seeking re-election to the AMA Medical Student Section Governing Council.

ISMS assists public aid department in drug review

At the recommendation of its Committee on Drugs and Therapeutics, ISMS recommends that the Illinois Department of Public Aid include Altace, Prokine, Leukine, Neupogen, Cardura and DynaCirc in its drug manual. Not recommended for inclusion were Duragesic and Roxanol Rescuedose, ProSom and Vascor. Elocon, a topical corticosteroid, was recommended only for inclusion for an initial period of six months; the committee noted reservations about the use of this product as a "first-time" therapy.

ISMS asks Medicare to restore toll-free service

ISMS will object to the Health Care Financing Administration's restriction of toll-free telephone service to physicians who submit claims electronically. The Illinois AMA delegation will also submit a resolution asking the AMA to urge HCFA to require its carriers to restore toll-free hot line service to respond to physician Medicare Part B inquiries. George T. Wilkins Jr., M.D., chair-

man of the ISMS Board of Trustees, will also protest to HCFA objecting to the toll-free service restrictions.

The ISMS Third Party Payment Processes Committee said that physicians must have the necessary information to comply with Medicare requirements. However, physicians who telephone Blue Cross and Blue Shield of Illinois, the state's Medicare Part B carrier, are often put on hold for long periods of time. When this service is not free, the administrative costs fall on the physician.

HCFA continues to encourage activities that reward physicians who submit claims electronically because of the costs savings to the agency. ISMS maintains that it is unfair to penalize physicians who submit paper claims, rather than electronic claims submission.

Flexibility urged on "super bills"

ISMS will urge HCFA to allow physicians to attach "super bills" to the new HCFA Form 1500 when the form is introduced in October. HCFA revised the form to eliminate the necessity for any attachments. However, ISMS wants HCFA to preserve physicians' flexibility in submitting claims.

ISMS establishes Distinguished Service Award

ISMS will recognize Illinois physicians for their outstanding achievements in, and distinguished service to, the medical profession through the establishment of a Distinguished Service Award. The Council on Public Relations and Membership Services will develop criteria for the

board's approval. The first award is scheduled to be presented at the ISMS annual meeting in April 1992.

CME planners/site surveyors workshop scheduled

ISMS will host the fourth annual CME Planners/Site Surveyors Workshop on Oct. 11 at the Hotel Sofitel O'Hare, in Rosemont. Developed for physician and staff CME planners, the workshop will have three tracks: one for novice CME planners, one for advanced CME planners and one for site surveyors.

ISMS to study advertising campaign for primary care

ISMS will study whether an advertising campaign will help the public understand where and how to obtain primary health care in Illinois. This study would address the phenomenon of patients overutilizing emergency rooms for primary care purposes or waiting too long to seek health care. Both phenomena adversely impact health care costs.

Travel programs offered to members

In 1992, ISMS will offer a Caribbean Cruise, the Heartland of Europe and Ireland and the South American Cruise/Caribbean trips through Trans Global tours, and Vantage Travel's Alaska Passage Land/Cruise Tour. ▲

For more information on topics mentioned, or to order materials, please call or write the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602, or call (800) 782-ISMS or (312) 782-1654.

Richard H. Dominguez, M.D., Carol Stream
John A. Hefferon, M.D., Chicago
Richard Sherman, M.D., Highland Park
Dennis J. Stanczyk, M.D., Belleville
Edward A. Wojcik, M.D., La Grange
Preston M. Wolin, M.D., Chicago

Committee on Workers' Compensation:
James P. Ahstrom Jr., M.D., Downers Grove, Chairman
William J. Holt, M.D., Quincy
Edward P. Rose, M.D., Belleville
E. J. Van Cura, M.D., Riverside
Michael I. Vender, M.D., Arlington Heights

Council on Mental Health and Addiction:
P. S. Sarma, M.D., North Chicago, Chairman
Syed I. Ali, M.D., Wheaton
Pramod K. Anand, M.D., Burr Ridge
Morton J. Doblin, M.D., Skokie
Jeffrey T. Johnson, D.O., Winfield
George L. Lagorio, M.D., Northbrook
Alex J. Spadoni, M.D., Joliet
Thomas T. Toulentes, M.D., Galesburg
Edward A. Wolpert, M.D., Chicago
James D. Wright, M.D., Joliet

Committee on Alcoholism and Drug Dependence:
Pramod K. Anand, M.D., Burr Ridge, Chairman
Fern E. Asma, M.D., Chicago
George C. Bonertz, M.D., Darien
Earl L. Loschen, M.D., Springfield
Patrick W. Stodola, M.D., Chicago
Gerald D. Suchomski, M.D., Belleville

Council on Public Relations and Membership Services:
Lloyd E. Thompson, M.D., Belleville, Chairman
Luis D'Avis, M.D., Chicago
Silvana Menendez, M.D., Belleville
Morgan M. Meyer, M.D., Lombard
Sandra J. Olson, M.D., Chicago

Stanley G. Rousonelos, M.D., Joliet
Nunilo Rubio, M.D., Wilmette
John M. Sultan, M.D., Highland Park
Lizbeth L. Taylor, M.D., Pekin

County Executive Consultants :
Larry Booth, Champaign
Fred Schwartz, Chicago
Jane Stein, Libertyville

Committee on Young Physicians:
John M. Sultan, M.D., Highland Park, Chairman
Andrew M. Basile, D.O., River Grove
Susan P. Emmerson, M.D., Bloomington
Tim C. Kisabeth, M.D., Alton
Diane A. Megahy, M.D., Belleville
Mark A. Miller, M.D., Oak Park
Richard A. Quinones, M.D., Chicago
Michael R. Silver, M.D., Elmhurst

Direct Reporting Committees

Committee on CME Accreditation:
Dean R. Bordeaux, M.D., Peoria, Chairman
Patrick C. Cunningham, M.D., Rock Island
Joseph L. Daddino, M.D., Barrington
George S. Farah, M.D., Chicago
William T. Gogan, M.D., Summit
M. Anita Johnson, M.D., Hickory Hills
Ronald L. Johnson, M.D., Pittsfield
Virgilio I. Jonson, M.D., Oak Lawn
John V. Jurica, M.D., Kankakee
Pedro J. Lopez, M.D., Chicago

Committee on Drugs and Therapeutics:
Joseph B. Perez, M.D., Rockford, Chairman
Nicholas C. Bellios, M.D., Waukegan
Marshall L. Blankenship, M.D., Oak Lawn
Vincent A. Costanzo Jr., M.D., Lansing
Theodore M. Kanellakes, M.D., Joliet

Armand Littman, M.D., Evanston
Patrick R. Staunton, M.D., Oak Park

Committee on Financial Aid to Medical Students:
Fred Z. White, M.D., Peoria, Chairman
Dennis M. Brown, M.D., Schaumburg
Edward J. Fesco, M.D., La Salle
Henri S. Havdala, M.D., Lincolnwood
Jan E. Leestma, M.D., Chicago

Student Representative:
Michael T. Pyevich, University of Chicago

Peer Review Appeals Committee:
Donald H. Pearson, M.D., Springfield, Chairman
Randall T. Bellows, M.D., Chicago
William Dougherty, M.D., Moline
Earl E. Fredrick Jr., M.D., Chicago
Pervez Rasul, M.D., Oak Brook
Gerald E. Silverstein, M.D., Chicago

Physician Assistance Committee:
James C. Leonard, M.D., Urbana, Chairman
Amin N. Daghestani, M.D., Skokie
James L. Early, M.D., Morton
Debra L. Klamen, M.D., Chicago
Thomas J. Krizek, M.D., Chicago
Silvana Menendez, M.D., Belleville
Richard J. Ready, M.D., Hinsdale
Eduardo A. Ricaurte, M.D., Moline
Jeffrey D. Roth, M.D., Chicago
Dale F. Syfert, M.D., Macomb
John C. Wuellner, M.D., Alton

Consultants:
Daniel H. Angres, M.D., Woodridge
Violet Eggert, M.D., Chicago
Fred Z. White, M.D., Peoria

Brochure (continued from page 1)

statute; patients can complete the forms and have them witnessed without an attorney. Language in the brochure, samples of which are enclosed with this issue of *Illinois Medicine*, encourages patients to discuss their wishes and the directives with their families, physicians and legal advisers.

Organ donation information included

Also included in the brochure is information about organ donation. Although the family or other survivors are generally requested in Illinois to authorize such donation, signing and carrying the notification of an organ donor status card can make it easier for family members to agree to this much-needed donation.

A second card identifies the bearer as having signed advance directives and includes space for the name and phone number of the surrogate, agent or family member who has additional information. The ISMS Council on Public Relations and Membership Services foresees this second card as being especially useful to emergency room personnel and trauma teams.

Publicity about the Nancy Cruzan case and similar instances in which patients have remained in comas or persistent vegetative states for months or years have spurred interest in advance directives, Dr. Rear-don noted.

Dementia also considered

While brain-injured, coma and persistent vegetative state patients are the most common examples of patients whose care must be determined by others, dementia patients

have similar needs, notes Joan E. Cummings, M.D., a gerontologist and director of Edward Hines Jr. Veterans Affairs Hospital, Hines.

"When patients with Alzheimer's disease or early dementia can still make decisions, that's the time to have them sign the durable power of attorney for health care," Dr. Cummings said. "Many - too many - patients assume their families will have the right to make decisions about things like feeding tubes and that's simply not the case.

"Many people, including some physicians, believe the living will covers these kinds of situations," she continued. "But the living will is not triggered unless the patient is terminal and death is imminent. In cases like accidents or coma, or with chronic disease like dementia, even with a patient who is unconscious and on a ventilator, those standards may not be met and the authority of the living will is not triggered. In those cases, it is the durable power of attorney for health care that allows patient directives and wishes to be carried out."

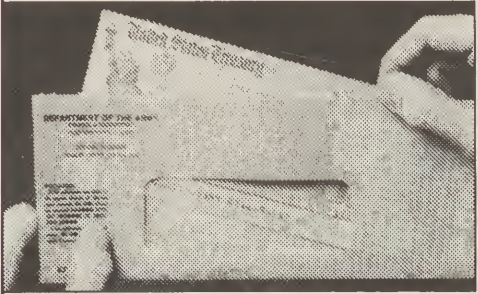
Copies available through ISMS

Single copies of the brochure will be made available to the public on request.

The Society will also make bulk quantities available to ISMS members for distribution through physician offices. The council also hopes to publicize availability of the brochure through senior organizations, noting that the original impetus for the publication came from the 1989 focus groups of senior citizens that led to the establishment of the "Partners for Health" senior outreach program. ▲

**ANESTHESIOLOGISTS AND SURGEONS:
COULD YOU USE AN EXTRA \$11,000?**

If you're a resident in anesthesiology or surgery, an \$8,000 yearly stipend plus your Reserve pay could total \$11,000 in the Army Reserve's Specialized Training



Assistance Program (STRAP).

You will have opportunities to continue your education and attend conferences, and we will be flexible about scheduling the time you serve. Your

immediate commitment could be as little as two weeks a year, with a small added obligation later on.

Get a maximum amount of money for a minimum amount of service. Find out more by contacting an Army Reserve Medical Counselor. Just call collect:

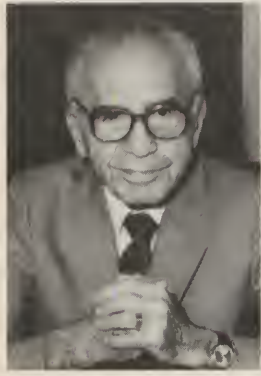
MAJOR HARRY RUBIN or
MAJOR CHARLES DAWSON
(708) 541-3644

**ARMY RESERVE MEDICINE.
BE ALL YOU CAN BE.**

Members in the News

by Anna Brown

Friends and colleagues of **Ladislav**



L. Braun, M.D., of Chicago, held a gala black tie dinner in honor of his 50-year association with Illinois Masonic Medical Center in Chicago. Proceeds from the dinner, held at the Ritz-Carlton Hotel, went to support a newly established L.L. Braun, M.D., Research Fund for cardiology at Illinois Masonic.

Dr. Braun joined Illinois Masonic in 1941 after arriving in the United States from his native Hungary. He became chairman of the department of medicine in 1947, and served as team physician for the Chicago Cubs from 1945 to 1957, and for the Chicago Bears through the early 1960s. Currently Dr. Braun is head of the EKG lab at Illinois Masonic and has a private practice in internal medicine with an emphasis in cardiology.

Clayton T. Cowl, a third-year Northwestern University Medical School student from Chicago, was awarded the 1991 Jerry L. Pettis Memorial Scholarship by the American Medical Association Education and Research Foundation's Board of Directors. The annual Pettis Scholarship recognizes a selected student

for contributions to the communication of science. Cowl was selected for his editing, writing and research, and for his involvement in local and national medical organizations.

Mitchel P. Byrne, M.D., of Evanston, became the 1991 president of the medical and dental staff at St. Francis Hospital of Evanston. Dr. Byrne was director of medical education at



St. Francis from 1976-1987. He is a 1969 graduate of the University of Illinois College of Medicine at Chicago and is currently secretary of the Illinois Surgical Society. **Walter S. Falkowski, M.D.**, of Winnetka, was named chairman of the urology section at St. Francis. Dr. Falkowski is a 1974 graduate of George Washington University School of Medicine, and has been on staff at St. Francis since 1982. Appointed medical director of the Partial Hospitalization Program at St. Francis was **Robert W. Kravets, M.D.**, of Deerfield. Dr. Kravets is a graduate of the Chicago Medical School, and is a clinical assistant professor of psychiatry at the University of Illinois College of Medicine at Chicago. He also serves on the faculty of the Cook County Graduate School of Medicine.

William A. Farris, M.D., of Urbana, and **Robert B. Klint, M.D.**, of Rock-

ford, were reappointed to the Advisory Board for the Chicago-based University of Illinois Division of Services for Crippled Children (DSCC). Dr. Farris is on staff at the Carle Clinic Division of Neurosciences in Urbana, and is assistant professor of neurology at the University of Illinois College of Medicine at Urbana-Champaign. Dr. Klint is president and chief executive officer of SwedishAmerican Hospital in Rockford, and adjunct assistant professor at the University of Illinois College of Medicine at Rockford.

Allen I. Goldberg, M.D., of Chicago, received the 1991 Governor's Award for Excellence sponsored by the DSCC for his outstanding contributions to the field of long-term care. Dr. Goldberg is medical director of respiratory care at Children's Memorial Hospital in Chicago and assistant professor of anesthesia and pediatrics at Northwestern University Medical School.

Former Illinois Director of Public Health **Bernard J. Turnock, M.D.**, of Chicago, also received a 1991 Governor's Award for Excellence. Selected for his years of public service and efforts to improve health care for Illinois residents, Dr. Turnock's award was sponsored by the Illinois Health Care Association. Dr. Turnock is associate dean for public health practice at the University of Illinois at Chicago.

Phillip G. Holding Jr., D.O., of Western Springs, was elected to the Board of Directors of the Illinois Association for Infant Mental Health. Dr. Holding is clinical director of the children's inpatient unit at HCA Riveredge Hospital in Forest Park.

He is a member of the Illinois Psychiatric Society and the American Academy of Child and Adolescent Psychiatry.

Five member physicians have been elected medical staff officers at Saint Mary of Nazareth Hospital Center, Chicago. **Zahurul Huq, M.D.**, of Oak Brook, was elected medical staff president. Dr. Huq joined Saint Mary's staff in 1973. The 1991 president-elect is **John P. Monteverde, M.D.**, of Oak Brook, a cardiologist who joined the staff in 1979. Secretary is **Steven F. Yellen, M.D.**, of Northbrook, also a cardiologist with Saint Mary's since 1987. Elected staff representative to the American Medical Association is **Thomas Malvar, M.D.**, of Glenview, a urologist on staff since 1974. Immediate past president is **Houshang Farahvar, M.D.**, an orthopedic surgeon from Oak Brook. Dr. Farahvar joined Saint Mary's medical staff in 1977.

Dan Salomon Heffez, M.D., of Chicago, was appointed director of cerebrovascular surgery at Columbus Hospital's Chicago Neurological Center. Dr. Heffez joined CNC as an attending neurosurgeon, and was previously assistant professor of neurosurgery at the Johns Hopkins University School of Medicine. During his residency at Johns Hopkins Hospital he received the Fogarty Research Fellowship at the National Institute of Neurological and Communicative Disorders and Stroke. ▲

Send news of honors and appointments to Anna Brown, % Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602.

Exchange Board Briefs

The Illinois State Medical Inter-Insurance Exchange Board of Governors met June 7. Following are highlights:

Committee chairmen appointed

Harold L. Jensen, M.D., newly elected board chairman, appointed committee chairmen for the coming year: Robert M. Reardon, M.D., Bloomington, Investment Committee; Lawrence L. Hirsch, M.D., Northbrook, Planning Committee; Boyd E. McCracken, M.D., Greenville, Policyholder Services Committee; and Jere E. Freidheim, M.D., Burr Ridge, Risk Management Committee.

Exchange to offer 'failure to diagnose' seminars

The Exchange will offer one-day seminars in Chicago and at a downstate location on failure to diagnose cancer. Physicians and legal experts will offer facts on cancer incidence and prognosis; recommendations for screening, early detection and treatments for breast, cervical, colon and lung cancers; and documentation and other legal strategies for claim prevention and loss reduction. Dates for the seminars, scheduled for this fall, will be announced in *Illinois Medicine*, and Exchange policyholders will receive announcement and

registration mailings. Exchange defense attorneys will also be urged to attend.

Quarterly physician support seminars planned

One of the most effective ways to deal with the stress of malpractice litigation is to know what to expect when you are sued. To foster understanding of the litigation experience, the Exchange is planning quarterly sessions for physicians who have recently been confronted with a lawsuit. The Exchange will provide information about the claims management and legal processes and how to manage the emotional stress of the litigation experience. The two-hour session will include discussions led by physicians, claims staff and defense attorneys. Policyholders with recent suits, and their spouses, will be invited at no charge.

Effective risk management self-study program available

The Exchange's policyholder self-study program titled "Managing Your Risk in the Office/at the Hospital" is a six-hour Category I CME course consisting of a videotape, manual and test. Available at no charge to Exchange policyholders, the course was completed by 116 policyholders in 1991, 69 of whom are new policyholders. The Exchange strongly urges new policy-

holders to complete the self-study course in their first year with the Exchange.

Criteria developed for nurse-midwife coverage

The Exchange will insure certified nurse-midwives (CNM) as additional insureds who are employed by Ob/Gyns or Class 2 family physician policyholders under the physician's policy and limits of liability. Premiums for certified nurse-midwives will be based on 10 percent of the mature Class 6 premium. Policyholders who employ nurse-midwives must have an endorsement amending their policy outlining the criteria under which coverage will be granted.

To be covered, a nurse-midwife must be an Illinois-licensed registered nurse and certified by the American College of Nurse-Midwives. The CNM must be employed and supervised at the same location by an Exchange policyholder, and must maintain medical staff privileges at all hospitals where the supervising physician maintains privileges. The supervision ratio must be limited to one policyholder supervising one CNM.

Exchange keeps administrative expenses low

A review of other malpractice insurance carriers, including other physician-owned carriers, shows that the Illinois State Medical Inter-Insurance Exchange operates extremely effi-

ciently compared to other companies. The Exchange's operating expense ratio, calculated by comparing operating expenses such as staffing, marketing and risk management expenses to premiums earned, is 8.3, which is the lowest when compared to 26 other companies. The average operating expense ratio of the 27 physician-owned companies reviewed is 15.8.

Exchange rates actuarially based, not market-driven

The Exchange has always established rates based on actuarial projections. Recently, however, a national specialty risk retention group took credit for the Exchange's lower premiums this year, claiming the Exchange lowered premiums for purely competitive reasons. Robert C. Hamilton, M.D., chairman of the Illinois State Medical Insurance Services Board of Directors, told the Exchange Board of Governors that the Exchange's rating process, which is based on state and national loss experience, is calculated so that each physician pays according to the risk involved in his or her specialty and area of practice. ▲

For more information, or to order materials, please write or call the Illinois State Medical Inter-Insurance Exchange, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois, 60602, or call (800) 782-ISMS or (312) 782-2749.

Medicare fee schedule

(continued from page 1)

physicians. According to a government analysis, physicians in Illinois overall will lose 2 percent in Medicare rates by 1992 and 14 percent by 1996. Illinois physicians will fare slightly better than the national average of 3 percent and 16 percent cuts in 1992 and 1996, respectively. The actual impact on individual physicians will vary depending on the mix of services and location of each provider.

But on average, by 1996 family physicians could see the highest gains, with a 15 percent increase in payment per service. On the other end of the scale are anesthesiologists and ophthalmologists, who could absorb up to 35 percent cuts in Medicare payments for services they deliver. Other than general practitioners and family physicians, the only other providers who will receive rate hikes under the proposed payment schedule are optometrists and podiatrists.

"It was meant to raise the fees of family physicians and internists. ... But in reality it looks like they will indeed take away from the surgeons and other specialists, but only give a little to the FPs and internists."

— Robert M. Reardon, M.D.

Also built into the Medicare proposed fee schedule is an average 3 percent cut in physician fees to compensate for what the government terms the "behavioral response" doctors will have to the proposed fees. That is, the government anticipates physicians will increase the number of procedures for which they submit claims to offset the lower rates. For example, if a physician stands to lose \$10,000 from reduced rates, the government expects the doctor will attempt to make up about \$5,000 of that by delivering additional services.

Plan will address 'price distortions'

The U.S. Health Care Financing Administration, the federal agency that oversees Medicare, maintains that the new fees will address payment disparities between specialists and family physicians and internists, and between doctors who practice in rural and urban areas. Currently, Medicare reimburses physicians based on their "actual or customary charge" for a service or the "prevailing charge in the area," whichever is less, said HCFA administrator Gail Wilensky. The new system would set the fees physicians can charge based on geographic area.

In announcing the fee schedule May 31 in Washington, U.S. Health and Human Services Secretary Louis W. Sullivan, M.D., said, "We want to provide fairer payment to all physicians, and in particular we want to improve Medicare reimbursement for the primary care so often provid-

ed by the family doctor and the general practitioner."

In addition, the government says payment reform is needed to correct the "price distortions" in the current payment system. This is the first such reform effort in Medicare's 25-year history, HCFA said.

But Illinois physicians are not sure the government's plan will do what it proposes. ISMS President Robert M. Reardon, M.D., said the government's figures do not bear out the parity that HCFA claims. "I'm not sure we can project how well this new system would work," he said. "It was meant to raise the fees of family physicians and internists and take away from the specialists. But in reality, it looks like they will indeed take away from the surgeons and other specialists, but only give a little to the FPs and internists."

"It definitely looks like a cost-cutting measure," Dr. Reardon continued, adding that he believes while the proposed fee schedule may save money, it would do nothing to alleviate increasing access problems.

HCFA says the fee schedule will be budget-neutral, neither saving money nor costing taxpayers more. But although the system is intended to be "resource-based," the plan actually reflects severe budget constraints, ISMS analysts noted. Because the proposed figures look so bleak, Illinois doctors are worried there are not enough dollars in the Medicare system and question the fairness of the government setting fees.

"Why can the federal government fix fees across the country with this type of system? We can't even talk about fees informally among ourselves without being accused of price fixing," said Raymond A. Dieter Jr., M.D., ISMS Eleventh District trustee.

"The issue here is that there is only one buyer," observed ISMS General Counsel Saul J. Morse. "And where there is a single buyer, there is little room for negotiation. This is why the government can in effect force physicians to accept the rates it sets for Medicare."

Morse explained that the federal antitrust laws were enacted to protect buyers from multiple sellers' conspiracies. The same provisions do not apply in the reverse, he said, meaning because the government is the only buyer of Medicare services, it is exempt from antitrust. And physicians, as providers or "sellers" of health services, must abide by the laws, he said.

But Dr. Reardon also noted the irony of the government's push for fees based on RBRVS. "Twenty years ago, physicians were working with a relative value scale patterned by the California Medical Association," he said. "But the federal government put a stop to it under federal antitrust provisions because they said doctors were fixing fees. But now the government says relative value scales are OK because they're doing it."

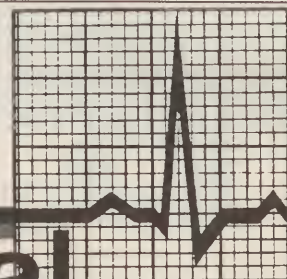
While Dr. Dieter said he "is not endorsing this new system," he said he believes the proposed fee schedule "shows the federal government is concerned" about the cost of health care. "We in organized medicine haven't sat down and talked about the costs, the real nuts and bolts of health care costs," he noted. "We're going to have to do that soon, instead of just fighting with the federal government over fees." ▲

Impact of 1992 & 1996 RBRVS implementation by specialty

Specialty	% change from 1991*	
	1992	1996
• All physicians	-3	-16
• Anesthesiologists	-8	-35
• Cardiologists	-5	-17
• Chiropractors	-8	-14
• Dermatologists	-2	-15
• Family physicians	13	15
• Gastroenterologists	-7	-25
• General practitioners	14	14
• General surgeons	-5	-20
• Internists	0	-3
• Nephrologists	-4	-15
• Neurologists	-4	-9
• Neurosurgeons	-6	-25
• Ophthalmologists	-8	-35
• Optometrists	13	12
• Orthopedic surgeons	-6	-19
• Otolaryngologists	2	-4
• Pathologists	-6	-30
• Plastic surgeons	-6	-17
• Podiatrists	5	16
• Pulmonologists	-4	-8
• Psychiatrists	-9	-5
• Radiologists	-6	-32
• Thoracic surgeons	-7	-31
• Urologists	-4	-15

Source: Health Care Financing Administration. * Figures may vary by geographic location.

Rice Clinic Medical Center



CENTRAL WISCONSIN

The Rice Clinic, a 29 physician multispecialty group is seeking BC/BE individuals in the following specialties:

- | | |
|--|--|
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Rheumatology |

Attractive income and ownership arrangements. Excellent practice environment with many outdoor recreational and cultural amenities.

Send CV to:

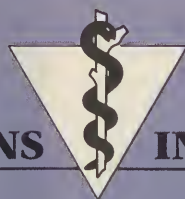
Paul R. Ford, Administrator
Rice Clinic, S.C.
2501 Main Street
Stevens Point, WI 54481
or call collect:
(715) 344-4120



Because You Have More Important
Things Than Malpractice Insurance
to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Surrogate decision-making

(continued from page 1)

signed either a living will or durable power of attorney for health care, and therefore have not appointed anyone to act on their behalf. The bill presupposes that terminally ill patients lacking decision-making capacity retain the same right to decide their own medical care that they have when they are able to make such decisions. The bill, therefore, would permit surrogates to make health care decisions on behalf of terminally ill patients who lack the ability to do so without first obtaining court approval.

Saying the measure could become a model for other states, Topinka, a co-sponsor of the Senate bill, added, "There is agreement among the parties on all issues, including immunity from liability for those who act in good faith." It was a provision granting immunity from civil liability to participants in such decisions that stymied passage of the bill last year.

The current legislation is the result of good, old-fashioned coalition building spearheaded by the Illinois State Medical Society. Together with ISMS, the Illinois Hospital Association, the Illinois State Bar Association, the Chicago Bar Association and the Catholic Conference of Illinois, joined together to draft language that would satisfy the various interests in the legislation. Only a coalition of right-to-life groups has so far mounted opposition.

Bill 'too vague'

"We look at it as a very broad and vague bill," Ralph Rivera, chairman of the Illinois Pro-Life Coalition, told

the Senate panel June 12. Nicholas Stozakovich, another coalition member, said, "We have no trouble with the concept of surrogates, but this bill goes too far."

Stozakovich said the coalition objected to the bill on the grounds that there have been cases of comatose patients regaining consciousness. He also expressed concern that "retarded children" in state institutions, or people with multiple sclerosis and other incurable conditions, might be allowed to die. In addition, he said the coalition is concerned that the bill would permit children of terminally ill patients to forgo life-sustaining treatment for their parents after a matter of days or weeks simply because they wanted to get hold of the estate.

Saying that the bill's supporters believe the bill "codifies existing law," Saul J. Morse, ISMS general counsel, told the committee that two physicians must certify that death is imminent before provisions of the bill can take effect.

Sen. Carl Hawkinson (R-Peoria), a member of the Judiciary I Committee, said he would be offering an amendment on the Senate floor stating that if a patient, regardless of competency, indicates that he or she desires to live, that will end the process of forgoing life-sustaining treatment.

Surrogate hierarchy

The bill permits the attending physician to designate a surrogate according to a hierarchy that includes (in order of priority) the patient's guardian, the patient's spouse, any adult son or daughter of the patient,

either parent of the patient, any adult brother or sister of the patient, any grandchild of the patient or a close friend of the patient.

Under the legislation, surrogates would be permitted to forgo life-sustaining treatment for the terminally ill patient if the surrogate believes that the patient would refuse such treatment, or if discontinuing treatment was in the best interest of the patient. The bill defines life-sustaining treatment as "... any medical treatment, procedure, or intervention that, in the judgment of the attending physician, when applied to a patient with a qualifying condition ... would serve only to prolong the dying process. Those procedures can include, but are not limited to, assisted ventilation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs, antibiotics, and artificial nutrition and hydration."

Members of the health care team and surrogates are immune from civil or criminal liability for decisions made in good faith on behalf of the patient. "A health care provider who relies on and carries out a surrogate's directions and who acts with due care and in accordance with this act shall not be subject to any claim based on lack of patient consent or to criminal prosecution or discipline for unprofessional conduct," the bill states. The bill, however, does not protect members of the health care team for incidents of "negligence in the performance of the provider's duties." ▲

Caryl Carstens contributed to this report.

OLS

(continued from page 3)

the Nursing Committee. With the deletion of a provision that would have required the Illinois Department of Professional Regulation to promulgate rules defining nurse specialties, ISMS does not oppose the bill.

Lethal injection ... The Senate Judiciary II Committee was expected to act on H.B. 1642, which removes physicians from participation in state-sponsored executions. The ISMS-supported legislation is in response to an ISMS House of Delegates resolution stating that physician participation in executions is unethical.

Medicaid reform ... Both Medicaid reform bills, H.B. 1000 and S.B. 500, have cleared committees in their opposite houses and are awaiting floor action. The bills, drafted by the Illinois Hospital Association, would require that Illinois hospitals be assessed about \$150 million to generate another \$150 million in federal matching funds to help fund hospital Medicaid claims. The assessments would end after two years, after which the state would assume funding responsibility. The bills have prompted the Illinois Department of Public Aid to begin working on its own assessment proposal. ▲

Caryl Carstens contributed to this report.

Earn 28 CME credit hours, Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the
AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY

June 27-June 30, 1991 • Hyatt Regency • Chicago, Illinois

CARDIOVASCULAR/HYPERTENSION
ADVANCES IN MEDICINE

THURSDAY, JUNE 27
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Michael E. DeBakey, MD
Chairman: Emil J. Freireich, MD

CANCER
GERONTOLOGY

FRIDAY, JUNE 28
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: Edward J. Beattie, MD
Chairman: Leon Resnekov, MD

NUTRITION
GASTROENTEROLOGY

SATURDAY, JUNE 29
(8:00 am-12:00 noon)
(1:00 pm-5:00 pm)

Chairman: James W. Anderson, MD
Chairman: Joseph B. Kirsner, MD

SUNDAY, JUNE 30

(8:00 am-12:00 noon)

Chairperson: Domeena C. Renshaw, MD

BREAKFAST CONFERENCE
SEXUAL MEDICINE

SPECIAL FUNCTIONS

Continental Breakfast-Banquet-
Cocktail Reception

REGISTER EARLY and
BE ELIGIBLE TO WIN
AIRLINE TICKETS FOR TWO
Anywhere in Continental US
American Airlines

CERTIFICATION

AMA—Earn 28 credit hours
Category 1 for the
Physicians' Recognition Award
AAFP—Earn 25 prescribed hours

Located Nearby: Art Institute
and Museums. The Magnificent
Mile for shopping and enter-
tainment. Boating, swimming
and Golf along the lake front.

AMERICAN SOCIETY OF CONTEMPORARY MEDICINE AND SURGERY
HYATT REGENCY HOTEL—CHICAGO, ILLINOIS
JUNE 27-30, 1991
REGISTRATION FORM

Dr. _____

Address _____

City, State, Zip _____

Membership Dues: \$80

Meeting Admission: Members	Nonmembers	Residents
\$350 Preregistered	\$475	\$80 with letter from
\$400 At Door	\$525	department chairman
Nurses/Technicians/Assistants\$150	Retirees (Fully Retired)	\$80

☐ Check ☐ MasterCard ☐ American Express ☐ VISA

Card No. _____ Exp. Month _____ Year _____

Make check payable to: American Society of Contemporary Medicine and Surgery

233 E. Erie Street—Suite 710, Chicago, IL 60611.

\$25.00 Cancellation Fee No Refunds after June 1, 1991

REGISTER NOW by mail or call 1-800-621-4002 Illinois 312-951-1400

Obituaries

* indicates ISMS member
** indicates member of ISMS Fifty Year Club

**Hedges

Frank H. Hedges Jr., M.D., of Jensen Beach, Fla. (formerly of Joliet), died March 28, 1991 at the age of 86. Dr. Hedges was a 1930 graduate of Columbia University College of Physicians and Surgeons, New York, NY.

*Kampe

Frederic H. Kampe, M.D., of Bradenton, Fla. (formerly of Chicago Heights), died April 19, 1991 at the age of 74. Dr. Kampe was a 1944 graduate of Chicago Medical School.

*Koesterer

Richard A. Koesterer, M.D., of Freeburg, died April 16, 1991 at the age of 67. Dr. Koesterer was a 1947 graduate of the University of Illinois College of Medicine, Chicago.

*Peterson

Lowell F. Peterson, M.D., of Clarendon Hills, died November 8, 1990 at the age of 71. Dr. Peterson was a 1943 graduate of Indiana University School of Medicine, Indianapolis.

*Smith

Jacques M. Smith, M.D., of Chicago, died April 18, 1991 at the age of 72. Dr. Smith was a 1944 graduate of Northwestern University Medical School, Chicago.

**Solomon

Ernest M. Solomon, M.D., of Highland Park, died May 28, 1991 at the age of 79. Dr. Solomon was a 1937 graduate of Northwestern University Medical School, Chicago.

**Tidwell

John W. Tidwell, M.D., of Gainesville, Fla. (formerly of Herrin), died April 21, 1991 at the age of 85. Dr. Tidwell was a 1930 graduate of Washington University School of Medicine, St. Louis, Mo.

*Tomaneng

Ildefonso Tomaneng, M.D., of McLeansboro, died November 9, 1990 at the age of 59. Dr. Tomaneng was a 1957 graduate of the College of Medicine of Manila Central University, Manila, Philippines.

*Wozniak

Thaddeus A. Wozniak, M.D., of Park Ridge, died May 8, 1991 at the age of 72. Dr. Wozniak was a 1946 graduate of Northwestern University Medical School, Chicago.

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulations (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

FEBRUARY 1991

Alfredo S. Dazo, Roseville, California – physician and surgeon license placed on probation for two years after his license was placed on probation by the State of California.

Kalyana Soundararajan, LeRoy – physician and surgeon license and his controlled substance license placed on probation for two years after he allegedly violated provisions of the Medical Practice Act and the Controlled Substances Act.

MARCH 1991

Phillip M. Loeb, Fremont, California – physician and surgeon license placed on probation until 1994 after being disciplined by the state of California.

Hubert M. Honer, Louisville, Kentucky – physician and surgeon license suspended indefinitely for five years after the State of Florida suspended his license due to the habitual use of a controlled substance.

Sala Chanpong, Rock Island – physician and surgeon license suspended indefinitely after he was convicted of the felony charge of unlawful delivery of a controlled substance.

Shankar Raman, Los Angeles, California – physician and surgeon license placed on probation for three years after his license was placed on probation by the State of California.

Peter T. Katsiyiannis, Palos Hills – physician and surgeon license issued and placed on probation for two years after he resigned from the Cleveland Clinic Internal Medicine Training Program prior to completion.

Prospero B. Pilar, Oak Lawn – physician and surgeon license placed on probation for two years after he allegedly conducted substandard pathology examinations.

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

SE Wisconsin lake country – qualified FP's and internists needed to join prospering practices with many new patients seeking care. Shared call and coverage, capable board certified colleagues, first-class hospital, rewarding and satisfying lifestyle close to Milwaukee, Madison and Chicago. Please contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Wanted: family practitioner. Location: one hour SW of Chicago – Marseilles. Beautiful river community. Only six minutes from excellent hospital and staff. My wife and I (five children) have never regretted coming to this area in 1957. One year guaranteed salary: I will phase out at your convenience after introduction to patients. One year paid malpractice insurance. One year paid secretary. One year paid rent. Call 815/795-2122 or 815/795-4600 day/night. H. Kelly Sutton, M.D., or Mrs. Sutton. Talk to us and you will be convinced of the advantages of solo practice. Physician coverage.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BE/BC allergist – Illinois. Adult and pediatric allergy. Active and expanding two-office practice. Medical school community with ample recreational and cultural opportunities. Clinical research possibilities. Competitive salary and fringe benefits leading to full partnership. Please send CV and references to Box 2187, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

General internal medicine. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities in beautiful wooded areas with an abundance of lakes, rivers and streams. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Central Illinois – Illinois licensed primary care physicians for full-time staff positions. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Emergency medicine – ER group is in search of a full-time BE/BC EM, FP or IM for an active rural hospital two hours from Chicago. Send resume to Box 2197, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Central Illinois – Illinois licensed physicians for part-time MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland OH 44143-2202; 1-800-245-2662.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Emergency medicine. Marshfield Clinic-Lakeland Center, located in the beautiful Lakeland area of northern Wisconsin is seeking an ER physician. This individual must be BE/BC in FP, IM or EM. This opportunity offers a challenging variety of patients, within a multispecialty group representing thirteen specialties available for back-up. This position offers a 48-hour work week. Compensation includes a competitive salary along with one of the finest fringe benefit packages in the country. Please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Family practice. Marshfield Clinic, a 350-physician multispecialty group practice, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty groups of 35. Positions are available in west central, northwestern and north central Wisconsin. These family-oriented locations offer exceptional four-season recreational activities. Starting salary up to \$99,700, with salary in two years up to \$131,600. Fringe benefit package is outstanding. If this combination of professional excellence and lifestyle interests you, please send CV and references to: David L. Draves, Director of Regional Development, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Southwest Illinois – Illinois licensed physician for MOD coverage. Pleasant professional environment. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12 hour days, including periodic week-ends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Pediatrician. Needed hard working pediatrician to join well-established pediatric group in the far western Chicago suburbs. The earning potential is probably in the top 1 percent of all pediatricians in the country. The community offers excellent school systems, park districts and lifestyle. Please forward CV to Box 2195, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

DeKalb. Immediate opportunity for BC/BP physician. Congenial college community; clinic servicing student health services. Excellent compensation and work environment. Malpractice provided. Please call or fax your CV for immediate consideration to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050, 708/654-2014 fax.

Door County, Wis.: one to two BC/BE internists to join hospital-based physicians' clinic. Modern, 89-bed community hospital with new outpatient services addition. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Exceptional four seasons recreation along Lake Michigan shores. Proximity to Milwaukee/Chicago. Top-rated schools. Quality community life. Send CV to Gerald M. Worrick, Administrator, 330 S. 16th Place, Sturgeon Bay, WI 54235.

Medical director. BE/BC IM or FP Physician needed for medical director at Henry Hill Correctional Center, Galesburg. Directors receive an excellent guaranteed clinical remuneration, administrative stipend and benefit package. If you feel imprisoned by private practice, our opportunity can free you from these headaches. For confidential consideration, call John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John "B".

Joliet. Correctional Medical Systems is searching for a primary care physician to contract their services at the Joliet Correctional Center in Joliet. This practice opportunity allows you to practice medicine without the headache and hassles that often accompany private practice. If you're looking for a change please contact: John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send your CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John "B".

Chicago – EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050, fax 708/654-2014.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration please call or fax you CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050, fax 708/654-2014.

General psychiatrist for progressive mental health center in central Illinois. Attractive remuneration. Malpractice covered. Contact: Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1-800-245-2662.

Family practice Minnesota – physician needed for broad-based practice in exceptional rural community. Shared call, fully equipped and staffed office, outstanding hospital, excellent guaranteed compensation, full benefits, and bonus. Family practice Wisconsin – multispecialty group of 16 physicians seeks BE/BC physician for partnership. Less than one hour from metro area. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121 or call: 612/454-7291.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Internist needed to join one of the leading internal medicine practices in Kenosha, Wis. This is an opportunity to build a strong and vibrant practice within the first one to two years. Office conveniently located on the hospital campus. Kenosha provides an excellent quality of life: many choice yet affordable places to live, superior schools, proximity to recreational facilities, and central location less than one hour from either Chicago or Milwaukee. Compensation competitive including an incentive plan which provides enhanced earning potential. Contact Jan Channon 708/943-7717 or send CV to 1855 H Deerfield Rd., Suite 2300, Highland Park, IL 60035.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Chairman, department of internal medicine – Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy, a major Chicago multi-site medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board certified OB/gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Illinois Medicine/June 21, 1991

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Medical office building in downtown Collinsville for lease or purchase. 2,600 square feet includes five examination rooms, x-ray room, lab room, ample parking. Phone 618/346-4707.

Entire medical suite for sale. EKG, spirometry, furniture, sigmoidoscopy, vision testing, cabinets, electric exam tables, supplies, TV, dictaphone, typewriter, sterilizer, hyfricator. Call A. Polussa, M.D., 708/328-1983.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

For sale: Abbott Vision System and supplies, two years old. Priced to sell. Call 815/226-8035.

Well-equipped laboratory in professional building in midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

A medical practice and a two-office medical building with parking lot for sale. Easily accessible to transportation. North Evanston, 708/475-2611 or 708/864-6491.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Executive Management Associates ... an affordable alternative. Experienced consultants specializing in private and public insurance billing and collection. Professional prompt service. 708/524-4696.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-933-7598 (24 hours). Alan D. Kirscher, M.A.

We are developing a board of governors and advisors to assist in starting a new surgeon's liability insurance company. This insurance company will cover only the very best risks and share profits evenly via premium return. Interested physicians should call Joseph Marconi, 222 N. La Salle St., Suite 2200, Chicago, IL 60601; 312/372-0770.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

☐ Largest pool of available
physicians in the nation

☐ Network of 7 regional offices
nationwide

☐ Expertise that produces
unparalleled results in recruiting
quality physicians

☐ Proven system that produced
over 1,000 placements in the last 3
years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

Earn up to
28 ACCME
Credit Hours
Category 1

26th ANNUAL MEETING AND SCIENTIFIC ASSEMBLY of the AMERICAN SOCIETY OF CONTEMPORARY OPHTHALMOLOGY

June 27-June 30, 1991
Hyatt Regency
Chicago, Illinois

SEMINARS:
CATARACT/IOL,
OPHTHALMOLOGY
TECHNOLOGY,
CONTACT LENSES,
GLAUCOMA,
RETINA,
EXTERNAL
EYE DISORDERS

To register
call 1-800-621-4002
Illinois 312-951-1400

American Society of
Contemporary Ophthalmology
233 E. Erie Street
Suite 710, Chicago, IL 60611.



WE CAN HELP YOU AVOID SOME UNPLEASANT DETOURS.

A malpractice suit can sidetrack a successful practice. Physicians distracted by a lawsuit frequently feel as if they face only tough choices. Being put on the defensive allows little room to maneuver.

That is why the Exchange works diligently to help reduce its policyholders' exposure to the risk of lawsuits. Before they occur. Before they add pressure to an already demanding profession.

As the state's largest and most experienced physician-owned professional liability insurer, we know a great deal about the reasons why physicians get sued.

Through risk management seminars, on-site visits, videotapes and printed materials, we teach policyholders ways to prevent losses. We also educate office staff on the role they can play in reducing risk. Specialty subcommittees look for ways to aid the high risk specialties. We do not stop at protecting our policyholders from a suit; we work to improve overall patient care as well.

No insurer has a better claims defense. But we hope you'll never have to know how good we are.

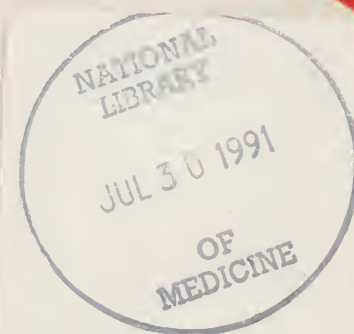
ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine

AMA annual
meeting coverage... 5



July 19, 1991

ILLINOIS STATE MEDICAL SOCIETY

Health issues compete with budget, redistricting

by Kevin O'Brien

IN WHAT EVERYONE hoped would be the waning days of the 87th General Assembly's first spring session, health care issues took a back seat to battles over the budget and reapportionment. But the June 30 adjournment deadline came and went with no agreement. And as negotiations between legislative leaders and the governor dragged on, the legislature faced its latest date ever to conclude its business.

On the reapportionment front, while Gov. Jim Edgar quickly signed a bill dividing Cook County into 15 judicial subcircuits for Circuit Court elections, he just as swiftly vetoed the General Assembly redistricting map, saying it was "politically unfair." And because incumbent Democrat U.S. representatives could

not agree on a congressional map, that bill was never passed. Both maps will likely end up in court.

It was a stalemate on the budget, however, that kept everybody in Springfield into July. Legislators, lobbyists, the press and the public watched and waited to see who

would blink first - veteran House Speaker Michael J. Madigan (D-Chicago) and Senate President Philip J. Rock (D-Oak Park) or the new governor. As of July 10, when *Illinois Medicine* went to press, the standoff was still on.

Despite the end-of-session focus on money and maps, several key health care issues came to the fore during the six-month session. The Illinois State Medical Society spearheaded a major coalition effort to pass a bill permitting surrogates to make health care decisions on behalf of terminal patients who lack decision-making capacity. The coalition managed to fashion legisla-

tion accommodating some concerns of opposition groups that had stymied passage of similar legislation last year. (See story below.)

Several other ISMS-supported measures, including legislation to regulate tanning parlors and to revise the rules regarding controlled substances licenses, received the legislators' approval. The society was also successful in turning back several bills that Illinois physicians deemed onerous, including pricing restrictions on physician services, conditional licensure of physicians who do not fully meet current state requirements, and several bills seeking to expand the scope of practice of allied health practitioners.

A perennial issue - mandatory assignment - also returned with a bang, showing up in no less than five

(continued on page 12)

1991 Legislative Issue

Public concern drives HIV bills

by Tamara Stroom

DRIVEN BY PUBLIC concern about a downstate dentist who died of AIDS, Illinois lawmakers passed compromise legislation establishing a process for HIV contact tracing in health care settings that preserves physician-patient confidentiality.

The Senate July 11 passed S.B. 999, which instructs HIV-infected physicians and other health care workers who perform invasive procedures to tell their at-risk patients. If after an Illinois Department of Public Health review, the doctor declines to inform patients about possible transmission, the department would perform the contact tracing and offer testing and counseling. The House passed the bill July 15.

Important to the medical community are provisions requiring IDPH to notify physicians if any of their patients are infected with HIV. The bill was supported by

(continued on page 16)

Surrogate decision-maker bill fails, then passes in Illinois General Assembly

by Kevin O'Brien

LEGISLATION THAT WOULD give surrogates the right to make health care decisions for patients lacking decision-making capacity - and who suffer from a terminal condition, permanent unconsciousness or an incurable or irreversible condition - failed by four votes Friday, June 28. But it was revived on Sunday, June 30, passing the House 69-42. Only 60 votes were needed for passage.

The first vote was technically on a motion to concur, also needing 60 votes, with Senate amendments advocated by some of the bill's opponents, including the Illinois Federation for Right-to-Life, and accepted by the bill's sponsors. Because a motion to concur can be made as often as a sponsor wants, a second try to pass the bill was possible.

Renewed lobbying of legisla-

(continued on page 14)



In this issue

News Briefs2

Auxiliary appointments
to ISMS councils,
committees2

On the Legislative Scene.....3

Exchange committee
helps lower risk6

CDOH pushes
immunization effort.....17

Members in the News22

UNIQUE 3 DIGIT 200
0701 IM
NHL LIBRARY
BLDG NO 10, RM IL-13
9000 ROCKVILLE PIKE
MD 20014
BETHESDA

State Caesarean rate goes down again

For the second straight year, Illinois' Caesarean section rate has gone down, dropping in 1989 by .4 percent. The overall rate now stands at 21.9 percent, according to a report released last month by the Illinois Health Care Cost Containment Council.

Although 1989 national statistics will not be released until later this year, Illinois compares favorably to the 1988 nationwide C-section rate of 24.7 percent.

The state's highest C-section rate was recorded at Belleville's Memorial Hospital, where 42 percent of deliveries are Caesarean. Mount Sinai Hospital Medical Center in Chicago claims Illinois' lowest rate at 10.2 percent.

The downward trend in C-section rates, however slight, is important because the surgical procedure costs more than twice the average price for a vaginal birth, IHCCCC officials said. On average, Caesareans cost \$5,510, compared to \$2,519 for a normal birth, according to IHCCCC figures. In Chicago the procedure can run as high as \$7,632.

In addition, hospital stays are longer for Caesarean deliveries, with women staying about 4.7 days after a C-section and only 2.4 days on average for a non-Caesarean birth.

Cook County included in national study

The National Center for Health Statistics has selected Cook County as one of 88 test sites to be included in the third National Health and Nutrition Examination Survey. Researchers will assess the health of Americans over two months old. Specifically, the study aims at gathering information about the health and nutrition status of children and adults and their health care needs.

The survey will be conducted between July 15 and Sept. 9 at mobile examination units. Survey participants will receive physical examinations and dietary assessments. The effect of heredity, environment and lifestyle on conditions such as heart disease, asthma, emphysema, diabetes, osteoporosis, arthritis and depression will be examined.

Data from the survey are used by U.S. Public Health Service agencies, including the National Institutes of Health, Food and Drug Administration, and Centers for Disease Control, for health policy planning and educational programs. For example, the National Center for Health Statistics uses data from the survey to modify the growth charts used by pediatricians, and nationwide health education programs rely on the data to target their promotional efforts. ▲

— Compiled by Tamara Strom



Barbara Silvestri (left), director of smoking or health at the Chicago Lung Association, measures a bubble blown by Maria Martinez while practicing for the association's Non-Dependence Day Bubble-Blowing Contest held July 3. Nineteen people competed in the contest to promote healthy lungs and non-dependence on tobacco. ▲

Auxiliary members appointed to ISMS councils, committees

by Anna Brown

THE ILLINOIS STATE Medical Society Auxiliary has announced the appointments of 12 Auxiliary representatives to ISMS councils and committees. George T. Wilkins Jr., M.D., chairman of the ISMS Board of Trustees, approved the appointments during the board's June 8 meeting.

Council and committee representatives are recommended by the Auxiliary and are ratified by the ISMS board. Appointments are for one-year terms.

Sylvia Eberle, of Roscoe, was appointed to the Alcoholism and Drug Dependence Committee for 1991-92. Eberle is a registered nurse who serves on the Auxiliary Board of Directors. She has held positions of Auxiliary secretary, second vice president and Twelfth District councilor, and was president of the Winnebago County Medical Society Auxiliary from 1980-81.

Appointed to the Finance and Medical Benevolence Committee is Sherry Betsill, of Springfield. Betsill is an Auxiliary past president who is currently serving as the benevolence chairman. Her past Auxiliary positions include third vice president and health projects chairman, first vice president and membership chairman. She has also served as a board member and as Fifth District councilor. In addition, she has held positions within the Sangamon County Medical Society Auxiliary, including serving as its 1980-81 president.

Governmental Affairs Council and Public Affairs Committee appointee Pam Taylor, of Danville, is a veteran of the Auxiliary Legislative Committee, having served as its chairman for many years. Taylor remains active on the local level, and is a past president of the Vermilion County Medi-

cal Society Auxiliary. She has held numerous positions on the Auxiliary board, including secretary, treasurer and director. A registered nurse, Taylor is a past chairman of the Illinois State Medical Political Action Committee, the only woman and non-physician to hold that position. In addition, Taylor chairs the Illinois Health Facilities Planning Board, a state agency.

Auxiliary President-elect Carol Gapsis, of Morton, was appointed representative to the Council on Economics. Before moving to Peoria County, Gapsis served as president of the Champaign County Medical Society Auxiliary, and was a member of the Illinois delegation to the American Medical Association Auxiliary for several years. At the state level, Gapsis has held positions of Eighth District councilor, third vice president and health projects chairman, secretary, Auxiliary Teen Suicide Committee chairman, and AIDS Education Committee chairman. Gapsis is a registered nurse.

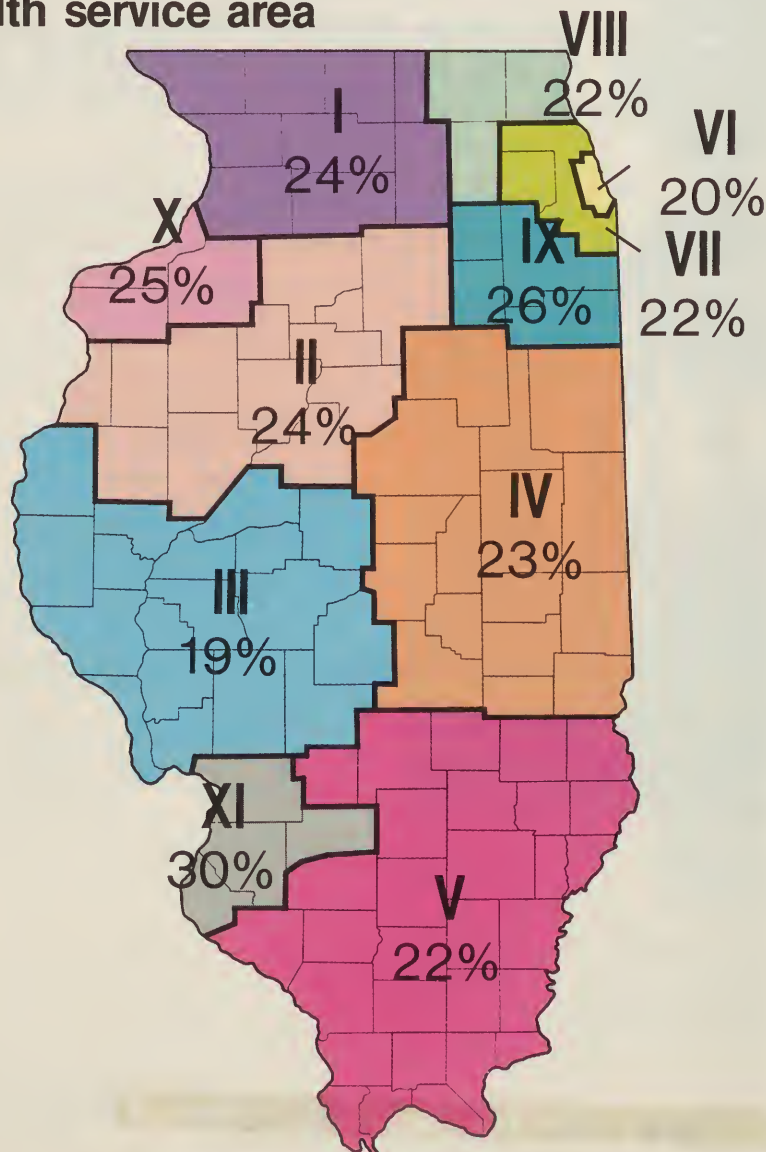
Cindy McLean, of Peoria, the Auxiliary's immediate past president, was appointed to the Council on Education and Manpower. A past president of the Peoria Medical Society Auxiliary, McLean has also served as Fourth District councilor, third vice president and health projects chairman, director and treasurer.

Nancy Hoffmann, of Rockford, 1989-90 Auxiliary president, was named consultant to the Medical-Legal Council. Hoffmann also served as Twelfth District councilor, second and third vice president and health projects chairman. She was 1980-81 president of the Winnebago County Medical Society Auxiliary. Hoffmann currently chairs the Auxiliary's Partners for Health Committee to encourage county auxiliaries to promote the ISMS Partners for Health

(continued on page 21)

Physician Facts

1989 Illinois caesarean section rates by health service area



Source: Illinois Health Care Cost Containment Council

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

On the Legislative Scene

by Kevin O'Brien

Below is a summary of several bills of interest to physicians not covered in the legislative overview story beginning on page 1.

Statute of limitations ... Legislation expanding the statute of limitations for contributory negligence cases was sidetracked to the interim study calendar when House sponsor Rep. Thomas J. Homer (D-Canton) chose not to call the bill for a hearing in the House Judiciary I Committee. It was sponsored in the Senate by Sen. Arthur L. Berman (D-Chicago).

The Illinois State Medical Society objected to the bill, S.B. 797, because it afforded defendants two additional years after any liability judgment, including medical malpractice, to apportion damages among others involved in the incident. This two-year window is exempted from the overall statute of limitations on legal actions. If the measure had become law, it would have lengthened the time during which a physician retained malpractice liability.

Similarly, ISMS opposed H.B. 99, which would have raised the amount of awards against insurance companies for unreasonable delays or other inconveniences. The measure was defeated by the House.

Automatic defibrillator ... Legislation sponsored by Sen. Robert M. Raica (R-Chicago) and Rep. Jesse C. White Jr. (D-Chicago) to permit an emergency medical technician of the ambulance, intermediate or paramedic classification to use an automatic defibrillator if the technician was properly trained in its use, passed and awaits the governor's signature. The ISMS House of Delegates adopted a resolution in April supporting such legislation.

Sen. Frank C. Watson (R-Carlyle) and Rep. Jerry Weller (R-Morris) sponsored similar legislation that had been placed on the interim study calendar in the House Human Services Committee.

Advance directives notification ... Under H.B. 1446, the secretary of state will now have to provide a space on the reverse side of Illinois driver's licenses indicating that a licensee has executed a living will or durable power of attorney for health care. The bill, sponsored by Rep. Tom Ryder (R-Jerseyville), was supported by ISMS.

Another bill that would have established a central registry for people who have executed living wills or durable power of attorney for health care directives was soundly defeated by the House. Opponents called the bill unnecessary and a waste of state resources.

Allied health practitioners ... Two bills affecting allied health practitioners are heading to the governor for his signature. H.B. 1983, sponsored by Rep. Alfred G. Ronan (D-Chicago), amends the Nursing Act of 1987 to increase the membership of the Nursing Committee from seven to nine members, with the new members representing advanced specialty practitioners. ISMS initially opposed the bill, but withdrew its opposition when a provision requiring the Illinois Department of Professional Regulation to adopt rules defining professional nursing spe-

cialties was deleted. The result would have been to broaden the scope of

practice for nurse specialists.

H.B. 284, the Professional Counselor and Clinical Professional Counselor Act, which establishes requirements for licensure and grounds for discipline for professional counselors, also received the legislators' nod. An ISMS-supported amendment, however, eliminated diagnosis from the authority granted these licensees. It further requires licensees to refer to a physician people whose symptoms indicate a disease or condition that is outside the scope of the counselor's license.

The House Consumer Protection Committee tabled H.B. 893, which would have permitted optometrists to prescribe therapeutic drugs. A Senate version was not called for a vote. Likewise, several other bills relating to allied health practitioners'

scope of practice, including one to grant licensure status to naprapaths, either died in committee or were placed on interim study.

Anti-smoking ... Sen. John Daley (D-Chicago) is the sponsor of an anti-smoking measure that won approval of both houses. S.B. 784 requires that signs warning pregnant women of the dangers of smoking be displayed in a conspicuous place at retail outlets where tobacco is sold. ISMS supported the bill.

Motorcycle helmets ... A Senate bill which would have mandated that operators and passengers on motorcycles wear helmets lost 23-33. ISMS supported the legislation sponsored by Sen. Howard B. Brookins (D-Chicago). The ISMS House of Delegates had endorsed the concept at its

(continued on page 15)



Blue Cross[®] Blue Shield[®]

REPORT

FOR *Illinois Physicians*

THE PROVIDER ASSISTANCE UNIT: MEETING YOUR NEEDS FOR BENEFIT INFORMATION ON YOUR BCBSI PATIENTS FASTER AND MORE EFFICIENTLY

Now when you call Blue Cross and Blue Shield of Illinois' Provider Assistance Unit at (312) 938-7340 for benefit information on your patients, you'll be greeted by the **Voice Response Unit**, an automated inquiry system designed especially to meet your needs for routine benefit, membership verification, and claim status information quickly and efficiently. Benefit information now available by touch-tone telephone will indicate overall benefit provisions including MSA, PPO, Deductible, Out-of-Pocket Limit, Maximum, and Coinsurance for many of your BCBSI patients. Callers may make as many as six inquiries during each telephone call to the Provider Assistance Unit and, for more complex inquiries, always have the option of speaking with a service representative if they wish.

All you need to use the Voice Response Unit is your patient's group and membership numbers -- both available on your patient's BCBSI identification card -- and your Blue Shield Provider Number.

BLUE SHIELD PROVIDER NUMBER

If you are not sure of your Blue Shield Provider Number, please look on a recent Provider Claims Summary (PCS). Your Blue Shield Provider Number will appear between the date and check/voucher number on the Provider Claims Summary. When calling the Provider Assistance Unit, enter only the numbers that appear on the Provider Claims Summary, leaving out any preceding "0's." Although similar, your Blue Shield Provider Number is not your tax identification number or Medicare number.

After entering your Blue Shield Provider Number and patient's group and membership numbers, the Voice Response Unit will automatically provide the benefit, membership, or claim status information you request. Please note: the Voice Response Unit has been designed to respond to most but not all of your benefit, membership, and claim status information needs. Therefore, in some instances, it may be necessary to re-direct your call to the appropriate BCBSI service representative.

When asked to enter your patient's membership number, please remember that it is not always a social security number. Your patient's membership number appears on his/her identification card and follows the patient's group number. As with your Blue Shield Provider Number, preceding "0's" are not necessary to enter in order to use the Voice Response Unit. Once you indicate that your patient's membership number is correctly entered, the Voice Response Unit will spell back your patient's last name and state if your patient's account is inactive. If the patient's membership is active, all you need to do is follow Voice Response Unit prompts in order to obtain the information you need.

MPP and PPO Participants

Starting this month, Blue Cross and Blue Shield of Illinois (BCBSI) will begin randomly contacting MPP and PPO participating physicians by telephone to remind them that under the terms of their MPP and PPO contracts, a participating provider may not bill the subscriber for the balance of the billed amount over the Usual and Customary (U & C) fee or Schedule of Maximum Allowances. However, MPP and PPO participating physicians may bill the BCBSI subscriber for any deductible or copayment amounts or non-covered services for which the subscriber is responsible.

Also starting in July, BCBSI will begin conducting periodic surveys to verify that our subscribers are not being billed for the amount over the U & C fee or Schedule of Maximum Allowances.

If you have any questions or concerns, please contact the Provider Assistance Unit at (312) 938-7340.

(7/19/91)

Editorials

Sausage making
in Springfield
and Chicago

The *Illinois Medicine* schedule is such that annually we end up reviewing two major events in organized medicine's year in the same issue: the culmination of the Illinois legislative season and the annual meeting of the American Medical Association, traditionally held in Chicago.

At press time, the legislature was headed for a new record in sitting (and standing, and hanging around waiting for something to happen) as the new (Republican) governor and the established (Democrat) majority each waited for the other to blink over next year's state budget. While most media coverage focused on extending the surcharge and restoring budget cuts, beyond the posturing was some very real and heartening progress for medicine on the Springfield scene.

Surrogate decision making, for instance. And regulation of tanning parlors and use of automatic defibrillators by paramedics. Positive action on legislation supported by medicine for the health and benefit of our patients. It's hard – more than hard, it's incredibly difficult – to defend and guard statutory and regulatory perimeters of medicine against the possibly well-intentioned, but certainly less informed interest groups who are constantly coming up with new ideas. It's hard to be continually roaming the corridors and hearing rooms of the Statehouse thinking and talking, "No, we don't like that. No, we can't accept that. No, here's why that won't work."

And so it is a good feeling to be able – as we could on the issues mentioned above – to say "YES. YES, YES, AND YES! We like this and we want it and we'll work for it because it's good for our patients, and good for their families."

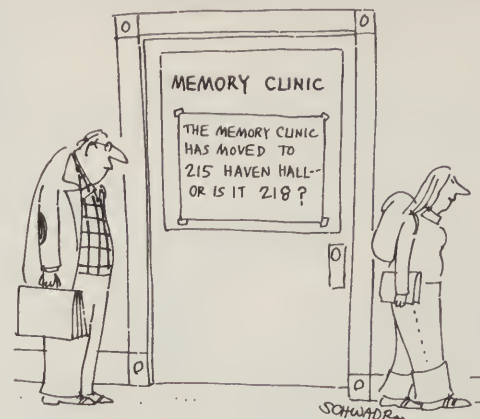
No one in medicine will profit from these bills monetarily. But we will all reap the intangible benefits that accrue from acting on behalf of the people most important to us – our patients.



You know what they say: The faint of heart and weak of stomach shouldn't watch either sausage or laws being made. We suggest that applies as well to policy. So it is with relief that we report that the ISMS delegation to the recently concluded AMA annual meeting proved they are indeed strong of heart. In the hot white light (and heat) of debate and media coverage, the Illinois delegation stepped to the plate and batted .875 (seven of eight) by the time the AMA House of Delegates adjourned.

And once again it was good to balance the outrage of some resolutions (the Data Bank comes to mind) necessary to protect medicine's interests with the positive achievements. The Illinois resolution put forward to help physicians identify quality continuing medical education marked the Society's commitment to professionalism. And the Illinois resolution on smoking in closed and open stadiums led to thoughtful debate resulting in broader and stronger sentiment to move toward a smoke-free environment.

Congratulations to your colleagues who represented the physicians of Illinois to the AMA; they did you proud. ▲



President's Column

It's time to
take a serious
look at your
office lab

by John R. Lumpkin, M.D.

In the year since the Illinois Clinical Laboratory Act took effect, many physicians with office laboratories who are required to apply for a permit under the act have done so. If you have not applied for a permit for your lab, time is almost up.

One of the most advanced laboratory regulation laws in the nation, the Illinois Clinical Laboratory Act, ICLA, is based on the premise that patients require accurate laboratory testing regardless of where they receive care. Accurate lab test results are achieved only through strict adherence to quality control and quality assurance programs. Regular instrument calibration, daily quality control activities, participation in proficiency testing, and careful, ongoing quality assurance review assure quality testing in your office lab. These activities also protect you from unnecessary risk resulting from inaccurate test results.

Not all physicians' office labs in Illinois are required to have a permit under ICLA. Labs in which a limited number of specified tests are performed may be exempt. Similarly, if a physician personally performs tests for the specific benefit of his or her patients, the lab may also be exempt. A third exemption exists for labs that perform tests or test procedures approved by the U.S. Food and Drug Administration for over-the-counter sale.

There is another reason for you to review your office laboratory to determine whether it is exempt or requires a permit: CLIA is coming, and with it the reality of national

laboratory regulation. CLIA, the Clinical Laboratory Improvement Act of 1988, requires federal regulation of all testing, including testing done in physicians' offices.

We expect that the final CLIA regulations will be less restrictive than those initially proposed. HCFA Administrator Gail Wilensky, Ph.D., anticipates the final rules will provide for more categories of laboratories than did the original proposal. This could result in fewer personnel requirements for physician office laboratories than originally proposed.

There is, however, no indication that performance standards such as those in effect in hospital and reference labs – requirements for daily quality-control activities, external proficiency testing and complete procedure manuals – will be modified. Given the site-neutral "a test is a test no matter where it's done" nature of CLIA, the same requirements will likely be made of physicians' office labs under CLIA. Moreover, it is possible or even likely that the final CLIA regulations may not include many of the exemptions permitted under Illinois law.

Though there are some differences, we expect that many basic requirements in the final CLIA rules will be similar to Illinois rules under ICLA. Physicians who have applied for a permit and received a laboratory site visit by Illinois Department of Public Health staff have a tremendous head start toward meeting CLIA requirements. Time spent now to comply with Illinois regulations may ultimately save you money and prevent disruption in patient care.

Some physicians who should have a laboratory permit under the Illinois law have not applied for one. It is not too late to apply for a permit under Illinois law, but this is the 11th hour. If you have not applied for a permit, or are unsure whether the law applies to you, I urge you to contact the department's laboratory regulation staff at (217) 782-6747. Note, however, that when final CLIA rules take effect, IDPH staff will be forbidden to consult with physicians on how to comply.

Accurate laboratory tests necessary for the best patient care can only be obtained through a program of quality control and quality assurance. Compliance with ICLA positions your lab to meet the stringent requirements of CLIA. ▲

Dr. Lumpkin is director of the Illinois Department of Public Health.

Illinois Medicine

VOLUME 3, NUMBER 13

JULY 19, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbreast, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

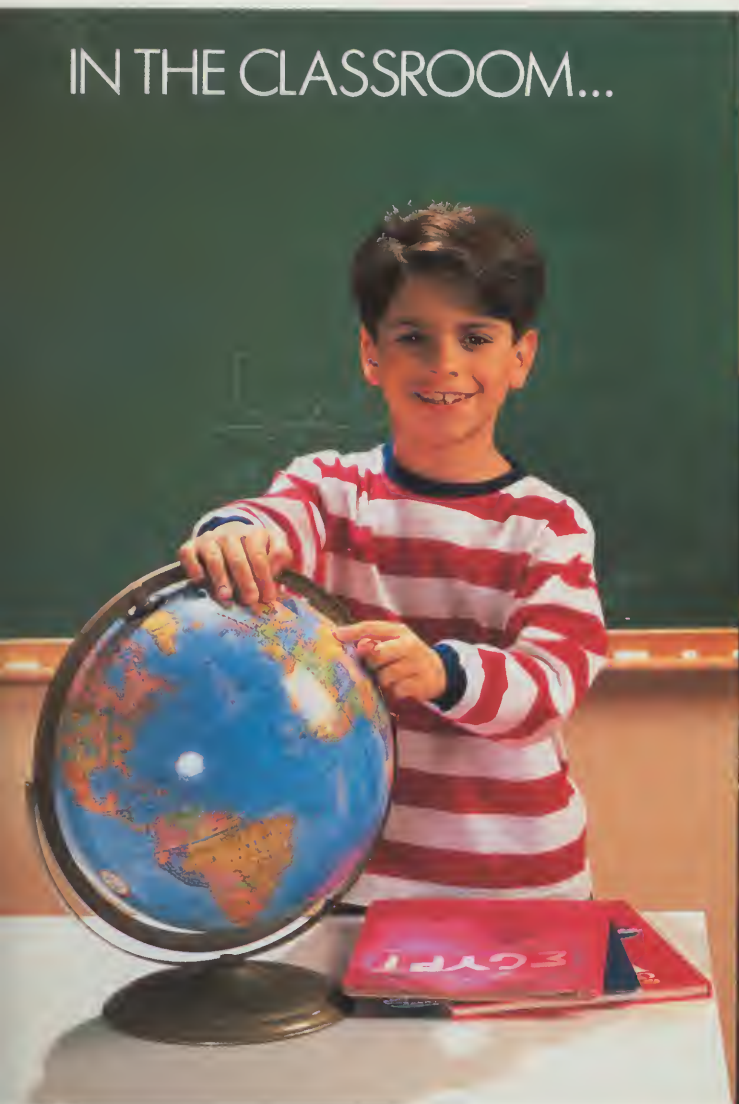
Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W/700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.

Seizures controlled, thoughts clear, smiles bright

IN THE CLASSROOM...



Low risk of
cognitive impairment¹

Generally
avoids hirsutism^{2,3}

Avoids gingival
hyperplasia^{2,3}

CIBA-GEIGY

© 1990, CIBA-GEIGY.

IN THE BOARDROOM



Wm. Daniels/The Photo Partners

Society President Robert M. Reardon, invites John J. Ring, M.D., on his new position as president of the American Medical Association at the annual meeting in Chicago. Dr. Ring, a family physician, is a former ISMS trustee and a member of the AMA.

Reardon is counseling, saying it fostered government intrusion in the doctor-patient relationship.

Physicians, not providers

Delegates also adopted policy urging physicians to insist that they be referred to as physicians, not "health care providers." All physicians testifying expressed displeasure that dentists, oral and maxillofacial surgeons, podiatrists and optometrists are considered "doctors" on par with physicians in the Social Security laws governing Medicare. The policy statement encourages physicians to sign only those documents that refer to them as physicians. ▲

Tegretol  200-mg scored tablets
100-mg chewable tablets
carbamazepine USP

...because after seizure control, there's a lot of living to do!

TEGRETOL is indicated for children 6 years and older and adults. Because of the potential for serious hematologic adverse reactions, it is important that you become thoroughly familiar with the full Prescribing Information for TEGRETOL on the next page, especially the boxed warning.

318-4421-A 4

Physicians vs. mandatory health care workers

Delegates marched nearly two miles from AMA headquarters to the front of the Chicago Hilton and Towers, where delegates were meeting.

The House approved a resolution supporting HIV testing for physicians, health care workers and students "in appropriate situations." The resolution did not define those situations. The House will reconsider the question at the 1991 interim meeting in December when the Board of Trustees will report back with additional testing recommendations.

Issues expected to be covered include when to test initially, how often to repeat the test, and if HIV testing relates to such issues as licensure and professional liability insurance. The House action keeps a physician's responsibility to be tested an ethical decision if he or she is at risk.

The House also approved a Board of Trustees report that recommends simplifying informed consent for HIV testing. The Board of Trustees is directed to develop a streamlined consent form by the December interim meeting.

Delegates said they wanted to make informed consent easier and less of a barrier to patients. In addition,

(continued on page 11)



Wm. Daniels/The Photo Partners

Protesters call for more affordable health care during a June 24 demonstration in front of the Chicago Hilton and Towers at the AMA annual meeting.

HIV testing of patients and reaffirmed the existing policy that HIV-infected physicians should disclose their seropositivity or stop performing invasive procedures.

During House debate and reference committee testimony, physicians warned that unless the AMA took the initiative regarding HIV policies, physicians would be faced with government-mandated directives, including mandatory HIV testing for health care workers. Debate on the HIV resolutions received considerable media attention, and was the subject of a June 24 protest by the AIDS advocacy group ACT-UP. While ACT-UP representatives testified briefly before a reference committee, other members of the group

Exchange Risk Management Committee helps physicians lower their malpractice risk

by Janice Rosenberg

FOR TWO YEARS, the Illinois State Medical Inter-Insurance Exchange Risk Management Committee has been helping policyholders recognize and address risks inherent in the practice of medicine. Fred Z. White, M.D., chairman of the Exchange Board of Governors from 1982-1991, established the committee and was recently appointed a member. "We had been providing excellent loss-prevention seminars

for physicians who had already been sued," he says. "We felt that we needed a committee that would develop services for *all* policyholders on what the risks are and how to prevent them."

"Consequently, the committee has developed a number of tools to help physicians more effectively manage their risk," says committee chairman Jere E. Freidheim, M.D. "These include educational seminars, self-assessment guides, risk management publications and videotapes, and on-

site visits."

First, the committee examined records of closed cases to see what could or should have been done differently. "We looked at the two specialties with the highest frequency of suits and the greatest cost to the Exchange, obstetrics-gynecology and orthopedics," says committee member M. LeRoy Sprang, M.D.

Concluding that management of brain-injured babies was a major area of risk, the committee sponsored a seminar on the problem.

This past spring, about 350 Illinois physicians and attorneys attended "Malpractice Dilemma: Brain-Injured Babies – Who is to Blame?" a day-long program in Chicago.

The committee's next scheduled seminar – in Chicago on Sept. 25, and in Fairview Heights on Oct. 3 – will cover failure to diagnose cancer. "We chose topics that in both frequency and cost are extremely important to the Exchange," says Dr. Sprang. "This is a major issue that physicians across the board are getting sued for."

General seminars address communication, documentation

The committee also conducts general risk management seminars on good communication and proper documentation.

"From what we've seen in past claims, those are the areas where there usually are the biggest breaches," says Dr. Freidheim. "Not every patient has a good result, but it's how you handle that not-so-good result, and how you document the reasons for it, that tells whether you're going to have a suit, or whether you're going to have a suit that's worth anything."

"The committee has developed a number of tools to help physicians more effectively manage risk."

— Jere E. Freidheim, M.D.

The general seminars emphasize the importance of complete physician-patient communication. "Patients present with one to five complaints," says committee member Henri S. Havdala, M.D. "If you interrupt them after the first few seconds, you may only hear one or two complaints. That may cause you to miss the diagnosis."

Communication is a two-way street, however. When a physician instructs a patient, he or she should be certain the patient hears and understands. "Have the patient repeat your instructions," says Dr. Havdala. "If you do certain procedures often, have a printed sheet that tells patients what to expect."

Even when verbal communication is good, improper documentation can become a weapon used in a suit. When a physician is sued, a patient's chart becomes courtroom evidence. "In the legal system, if something is lost or erased, it's always assumed that it was done intentionally," notes Dr. Sprang.

Concern about possible lawsuits aside, good documentation is simply good practice. "If you have a good record it's easier to care for a patient and easier for somebody who may have to care for the patient subsequently," says Dr. Freidheim.

PREP referrals look at education

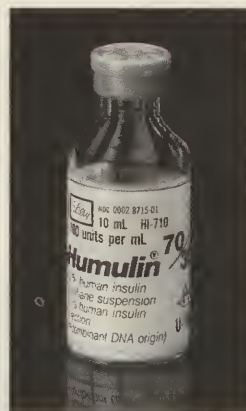
A third area of concentration for the Risk Management Committee involves referrals from the Exchange's Physician Review and Evaluation Panel (PREP). "PREP looks at cases after they are closed to determine whether education would benefit the physician involved," says Risk Man-

For your insulin-mixing
or NPH-using patients

Humulin^{70/30} makes life easier

Rapid onset and sustained
duration insulin activity
in a single vial

- May offer enhanced control through a more physiologic activity profile
- Accurate dosing—eliminates mixing errors
- Convenient premixed dose for better compliance
- Easy to use—for patients who find mixing difficult



Specify
Humulin^{70/30}
70% human insulin
isophane suspension
30% human insulin injection
(recombinant DNA origin)

Humulin has just the right mix

Any change of insulin should be made cautiously and only under medical supervision.

Changes in refinement, purity, strength, brand (manufacturer), type (regular, NPH, Lente®, etc), species (beef, pork, beef-pork, human), and/or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage.

Leadership In Diabetes Care



Eli Lilly and Company
Indianapolis, Indiana
46285

© 1991, ELI LILLY AND COMPANY HI 2921-B-149322



agement Committee member Richard A. Geline, M.D. "If so, they can refer the physician at one of three levels."

In Level One referrals, the Risk Management Committee requires the physician to complete a self-study program. Level Two referrals require attendance at a risk management seminar.

Recently, at PREP's suggestion, the committee established Level Three referrals. "A member of the Exchange's risk management staff and a committee member will go out to the office for an on-site review and risk management assessment," Dr. Freidheim explains.

The office assessment lasts two hours. In the first hour, procedures

such as scheduling, telephone etiquette, lab testing, charting and bill collecting are examined. Patient-staff interaction and office cleanliness are also observed. "In the second hour, we talk with the physician about the need to remain focused on our jobs," says Dr. Freidheim. "Sometimes when people get busy they get a little sloppy. It's easy to fall into that rut."

In late June, Dr. Sprang conducted the first Level Three visit. "I was extremely pleased with it," he says. "We saw many areas that could be improved and the physician was very receptive to our suggestions." Dr. Sprang stresses that Level Three visits should not be perceived as threats. They are meant to be benefi-

cial, not critical. "Overall," he continues, "this visit was a very positive experience. It's a service to physicians to have someone with expertise in the area of risk management come in and help out."

Eventually, the committee would like to offer visits to any policyholder who wants on-site advice on risk management. With that goal in mind, committee member Vasanth M. Surath, M.D., believes that the committee's composition is a major benefit. "The committee consists of a pediatrician, an anesthesiologist, an orthopedist, an internist, an obstetrician and a family physician," he says. "I think we work so well together on resolving liability problems because of that mix of specialties." ▲

Risk Management Committee seminar audiotapes available

Audiotapes of the seminar "Malpractice Dilemma: Brain-Injured Babies - Who is to Blame?" are available for purchase from First Tape Inc. (312) 642-7793. The March 2 seminar featuring nationally recognized experts on infant brain injuries attracted nearly 350 Illinois physicians and attorneys. The cost is \$10 per tape or \$45 for the set of five tapes. For additional information, call the Exchange risk management department at (312) 782-2749 or (800) 782-ISMS.

Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)¹
...without inducing significant cognitive² or functional impairment*
...without producing a benzodiazepine withdrawal syndrome³ upon discontinuation

Effective choice for anxiety

BuSpar[®]
Tablets, 5 mg and 10 mg
(buspirone HCl)
for a different kind of calm



*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A.

MJL8-4237R2

BuSpar[®] (buspirone HCl)

References: 1. Newton RE, et al: A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B):17-21. 2. Lucki I, et al: Differential effects of the anxiolytic drugs, diazepam and buspirone, on memory function. *Br J Clin Pharmacol* 1987;23:207-211. 3. Lader M: Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(5A):20-26.

Contraindications: Hypersensitivity to buspirone hydrochloride.
Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: **General:** Interference with cognitive and motor performance: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdrawal patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported, the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients: Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions: Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less tightly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers: Administration to nursing women should be avoided if clinically possible.
Pediatric Use: The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly: No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function: Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): Commonly Observed: The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment: The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials: Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: **Cardiovascular:** Tachycardia/palpitations 1%. **CNS:** Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. **EENT:** Blurred vision 2%. **Gastrointestinal:** Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. **Musculoskeletal:** Musculoskeletal aches/pains 1%. **Neurological:** Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. **Skin:** Skin rash 1%. **Miscellaneous:** Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation: The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. **Cardiovascular:** Frequent: non-specific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. **Central Nervous System:** Frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, tearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. **EENT:** Frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. **Endocrine:** rare: galactorrhea, thyroid abnormality. **Gastrointestinal:** infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. **Genitourinary:** infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. **Musculoskeletal:** infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. **Neurological:** infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. **Respiratory:** infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. **Sexual Function:** infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. **Skin:** infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. **Clinical Laboratory:** infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. **Miscellaneous:** infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.

Postintroduction Clinical Experience: Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: Controlled Substance Class: Not a controlled substance.
Physical and Psychological Dependence: Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: Signs and Symptoms: At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment: General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.
U.S. Patent Nos. 3,717,634 and 4,182,763

Mead Johnson
PHARMACEUTICALS

A Bristol-Myers Company
Evansville, Indiana 47721

Physicians attack government's proposed RBRVS

by Tamara Strom

TIMING IS EVERYTHING. Just 2½ weeks before the AMA's annual meeting in Chicago, the government released its proposed resource-based relative value scale (RBRVS) Medicare payment reform system that includes 16 percent rate cuts. The June 23-27 meeting offered physicians a convenient forum to vent their anger.

Even though physicians said they support the concept of payment reform, they took almost every opportunity during the five-day meeting last month to cry "foul" over the government's proposed conversion factor.

So now America's doctors are taking their fight against the "unfair" conversion factor to Congress. The AMA has initiated a mass letter-writing campaign to members of the U.S. House of Representatives and Senate in hopes that Congress will clarify what it intended when it passed the Omnibus Reconciliation Act of 1990, requiring payment reform based on RBRVS. Physicians believe that the intent of the legislation mandating RBRVS was a budget-neutral reimbursement system, not the harsh rate slashes proposed by the Health Care Financing Administration June 5.

"The medical profession tried to cooperate with the government [when RBRVS was initially proposed], but we got shortchanged," said Illinois State Medical Society President Robert M. Reardon, M.D. "The government has used it as a budget-cutting device. They changed the rules in the middle of the game. But how far we'll get in contesting the conversion factor remains to be

seen. HCFA made the rules, it would have to change them. I'm not holding my breath."

RBRVS was meant to address the inequities in Medicare reimbursement between "cognitive" and "procedural" physician services, Dr. Reardon said. But the proposed guidelines in HCFA's interpretation cut rates for all doctors, he noted. "All physicians are losing."

Arthur R. Traugott, M.D., ISMS first vice president, stressed that physicians do not dispute the need for Medicare payment reform. "We don't deny that inequities exist," he said. "We're concerned about the heavy-handed way this is being implemented. The system hits fast and it hits hard in some overpriced areas. Doctors need time to adjust. This is not a crisis that has to be fixed in the first year of implementation."

Doctors hope they will have the same success correcting RBRVS that they had when they inundated Congress with letters about the Clinical Laboratory Improvement Act of 1988, sending the proposed regulations back to the drawing board. But in the case of RBRVS, Dr. Traugott said, the aim of the plea to Congress is not to delay the implementation but to correct problems with the conversion factor.

"We just want to be treated like the honest, law-abiding citizens that we are," he said.

Behavioral offset too high

Physicians also hope to convince Congress that the behavioral offset percentage proposed by HCFA is much too high. According to HCFA, when the rate cuts take effect physicians will attempt to recoup 50 percent of their lost earnings by provid-

ing additional services. To compensate, HCFA proposes an additional 3 percent rate cut.

Together, the skewed conversion factor and behavioral offset could adversely affect access to care for Medicare patients, Dr. Traugott said. He likened the proposed cuts to the lowering of Medicaid rates, which resulted in physicians not being able to cover their costs in treating public aid patients.

"I'm not implying that physicians will consciously refuse to accept Medicare patients," he said. "But it will definitely be less hassle for physicians to see patients with other health care payers. Their practices will change over time."

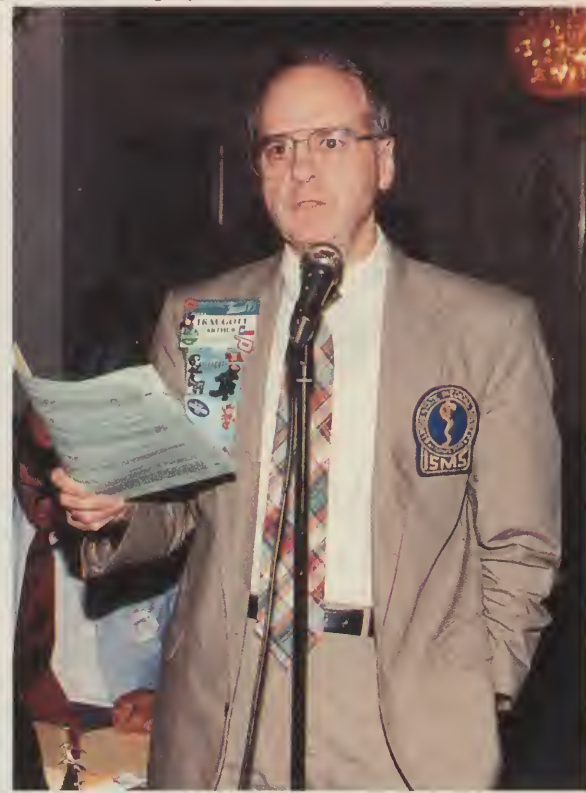
Although he said it is too soon to tell exactly how extensive the access problems caused by the RBRVS proposal will be, Dr. Reardon predicted rural or small communities could be the hardest hit. Physicians in sparsely populated communities do not have the same control over patient mix as do doctors in large cities, he said. A physician living in a town with a high Medicare population will face significant cuts in reimbursements if the proposed rate reductions go through, he added.

"The proposed drastic rate cuts put more of a burden on physicians who have large Medicare patient loads," Dr. Traugott added. "It penalizes the many, many physicians who already have high numbers of Medicare pa-

tients and are providing high-quality service for them."

While the AMA's push for Congressional intervention took center stage at the annual meeting, the delegates also considered nine separate resolutions pertaining to the proposed fee schedule. Delegates adopted RBRVS-related policies to put adequate Medicare funding at the top of AMA's legislative agenda and gave the AMA Board of Trustees the authority to withdraw support for RBRVS if necessary.

Delegates rejected a Texas resolution calling for acceleration of the fee schedule implementation to aid physicians in communities of less



Illinois delegate Arthur R. Traugott, M.D., testifies in reference committee about RBRVS.

Wm. Daniels/The Photo Partners

Notes from Washington on health care policy

by Tamara Strom

TWO HIGH-RANKING Bush administration officials – Vice President Dan Quayle and Health and Human Services Secretary Louis W. Sullivan, M.D. – briefed American Medical Association delegates on the latest



Vice President Dan Quayle told AMA delegates June 24 that health care will be a dominant issue in the 1992 presidential election.

Wm. Daniels/The Photo Partners

health care policy positions in Washington, D.C., during the AMA annual meeting last month.

In addresses to the House of Delegates, both Quayle and Dr. Sullivan stressed that health care reform is now a part of the Bush administration's domestic agenda. Quayle admitted in his June 24 speech that health care will be a dominant issue in the 1992 presidential election. He claimed the president is using a step-by-step approach toward achieving genuine health care reform, citing the malpractice reform plan the president sent to Capitol Hill in May.

A few minutes into Quayle's remarks, he was interrupted by an AIDS activist who, having breached the extensive security, chanted, "People with AIDS need national health care." But the vice president warned that a single-payer national health care system is the wrong path for the country to take, calling it a "simple-minded approach."

"Beware of modern-day traveling medicine shows that offer the magic fix," Quayle cautioned. "Let's face it: Snake oil can come in a bottle or in a campaign promise."

He said health care in the United States is without question the best in the world. But, he added, the present system is plagued by complex

problems, including spiraling health care costs and access barriers for the more than 30 million Americans without health insurance. "We know what we want in our health care system," Quayle said. "We want the best quality, total access and affordable costs. We can set our sights for two out of three; that's an achievable goal. What we owe ourselves, however, and what will be a difficult challenge, is to attain all three."

Quayle also told delegates the administration is striving to provide quicker availability of prescription drugs. He said "lives are lost because of [the] cumbersome system" of the Food and Drug Administration, noting it takes new drugs 12 years, on average, to progress from the laboratory to FDA approval. He said the president's Council on Competitiveness is working to correct "this unacceptable handicap" by suggesting ways to streamline the drug-approval process.

"We will not sacrifice the safety or the welfare of our people," he said. "But we can, and we will, streamline the FDA process so that people who are suffering can get the healing drugs that can offer them hope."

During a press conference following his address, Quayle expressed support for mandatory HIV testing

of health care workers, a concept AMA physicians rejected two days later after morning-long debate. Quayle said he believes mandatory HIV screening laws should be enacted at the state level. "I think it's a good idea," he said of the forced testing. "I believe that everybody would like to know whether their doctor is infected with the HIV. That is a good idea to have that and know that information. As I would think doctors would want to know if their patients were infected. We've got to have this disclosure on this issue because you're talking about lives."

While most of Quayle's points hit home with the delegates, the vice president's call for mandating HIV testing came as somewhat of a surprise. Organized medicine currently stands strongly against mandatory testing for physicians, health care workers and patients.

Creative solutions for rising costs

In his June 23 keynote address, Dr. Sullivan said the biggest uncertainty surrounding the nation's health system is no longer whether the system will undergo "substantial change." The question now is what kind of change, and when, Dr. Sullivan said. "Quite simply," he said, "we have reached a point as a society beyond which we can no longer afford 'business as usual' in our health care system."

Air your views on RBRVS

Physicians are encouraged to write letters to Congress and HCFA regarding the government's proposed resource-based relative value scale at the following addresses:

Dr. Gail Wilensky
Health Care Financing
Administration
Attn: BPD 712-P
P.O. Box 26686
Baltimore, MD 21207

The Honorable (Name of
Legislator)
United States House of
Representatives
Washington, D.C. 20515

The Honorable (Name of
Legislator)
United States Senate
Washington, D.C. 20510

The 60-day public comment period ends Aug. 5.

ISMS physicians honored for member recruitment

by Tamara Strom

ELEVEN ILLINOIS physicians were honored June 23 during the 1991 American Medical Association annual meeting for outstanding recruitment efforts in the House of Delegates Physician Outreach Program. Together, the 11 doctors recruited 48 new physician AMA members.

Because Illinois is a unified state in the federation of organized medicine, the 48 physicians recruited to the ranks of AMA membership are new county and Illinois State Medical Society members as well.

Illinois AMA House of Delegates members recognized for recruiting six or more new members were: Albino T. Bismonte, M.D., Lake Bluff;

Silvana Menendez, M.D., Belleville; Arthur R. Traugott, M.D., Urbana; and Ronald G. Welch, M.D., Millstadt. Joseph L. Murphy, M.D., Chicago, of the Hospital Medical Staff



Award winners Albino Bismonte, M.D., (left) and Silvana Menendez, M.D.

Section, was named for recruiting eight new members.

Other members of the ISMS delegation honored were James P. Ahlstrom Jr., M.D., River Forest; and William J. Marshall, M.D., Olympia

Fields.

Donald H. Buser, M.D., Belleville; Maynard I. Shapiro, M.D., Chicago; and Lawrence Stone, M.D., Northbrook, all of the Hospital Medical Staff Section, and

Neil E. Winston, M.D., Chicago, of the Young Physician Section, also received awards.

ISMS commends its physician recruiters. ▲

than 25,000 people. Resolution sponsors claimed that undervalued services are eroding patient access to care.

Although the resolution drew sympathetic testimony for those physicians receiving low payments, particularly in rural areas, delegates overwhelmingly said the fee schedule could not be supported as it stands now. Delegates did, however, adopt a substitute resolution calling for an immediate increase in Medicare physician payments for "the most undervalued evaluation and management services to a level sufficient to maintain patient access to these necessary services." ▲

He said physicians must be leaders in directing the health care debate and proposing ideas for change. "At a time when most Americans are receiving the finest health care, I find it remarkable to hear suggestions that we should scrap our system and move to something that Americans neither want or need - that is, nationalized medicine," Dr. Sullivan said. "Experiences of other nations with such a system show it can lead to long waiting lists for critical medical procedures and *de facto* rationing."

But avoiding the imposition of national health care will require physicians to "contribute creatively to solutions for constraining costs," he said. For example, doctors must begin to "avoid unnecessary treatments and choose the most effective medical practices and procedures," Dr. Sullivan added.

Physicians must redefine their mission, he said, and act as a support system for their patients by helping them learn to stay healthy and prevent disease. "We must find ways to contain and even reduce the ever-increasing portion of our resources that we spend to treat preventable illness and functional impairment," Dr. Sullivan noted. "Without such an effort, the cost of health care in our nation will continue to overwhelm us." ▲

The nitrate your patients will stick with



TRANSDERM-NITRO
0.2 MG/HR

Apart from all other nitrates, patients stick with the Transderm-Nitro regimen.

Simple, once-daily patch application

Patient-preferred 7 to 1 for convenience compared with oral nitrates
(12% had no preference, n=4,300)¹

Easy-to-handle nonadhesive tab

See revised Dosage and Administration section in brief
summary of Prescribing Information on the following page.

All transdermal nitroglycerin products are being marketed pending final evaluation of effectiveness by the FDA.

Transderm-Nitro[®]
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr*



Summit Pharmaceuticals
Division of CIBA-GEIGY Corporation

At the heart of nitrate compliance

*Formerly designated as 2.5 mg/24 hr, 5 mg/24 hr, 10 mg/24 hr, 15 mg/24 hr.

© 1991, Summit. 629-4237-A

Illinois delegation makes its mark on AMA House

by Tamara Strom
and Sean McMahan

THE ILLINOIS DELEGATION to the American Medical Association House of Delegates took center stage at the four-day annual meeting when it called for dismantling the National Practitioner Data Bank.

The resolution introduced by Illinois on the House floor June 27 received considerable support from several state delegations. The final vote sent the matter to the AMA Board of Trustees for decision.

“We’re not satisfied with the House vote, but we’ll get it next time,” said

Chester C. Danehower Jr., M.D., an alternate delegate from Peoria. “We are going to get rid of this thing. It’s gotta go. If we don’t hear what we want from the board, we’ll be back.”

Dr. Danehower told the delegates that it is not “a sin to admit you made a mistake.” And the Data Bank, he said, is a “terrible and grievous error” that borders on “Big Brotherism.”

“We must admit the Data Bank has gone wrong,” Dr. Danehower said. “We must speak out. This goes straight to our rights as physicians.”

The Illinois resolution, which called for the Data Bank’s demise,

clashed with a systematic approach to make changes in the Data Bank already embarked on by the AMA. Some delegates testified that the AMA is attempting to have the most onerous aspects of the Data Bank eliminated, while advocating leaving the Data Bank in place. Still others, including AMA Trustee Jerald R. Schenken, M.D., said the Data Bank is necessary because medicine “did not clean its own house.” To oppose the Data Bank, they said, would make physicians appear as if they were trying to cover up past bad actions.

“[AMA] efforts to make some parts

of the Data Bank less onerous don’t go far enough,” said Arvind K. Goyal, M.D., Illinois State Medical Society president-elect, during reference committee testimony. “It may say to people that we even like some parts of the Data Bank. But we don’t. We hate the Data Bank and we need to repeal it as quickly as we can. If we take a position short of calling for outright dismantling of the Data Bank, we will be sending the wrong message.”

Other Illinois physicians also took to the microphones urging the Data Bank’s demise. “We must draw the line now,” said Lawrence L. Hirsch, M.D., a delegate from Northbrook. “Let us take up the sword of truth. Our battle cry must be: the Data Bank must be destroyed.”

• The only patch with an easy-open tab

Easy to apply —
Easy to remove

Available in four
convenient strengths

Patches shown are not
actual size.

Transderm-Nitro®
nitroglycerin

Transdermal Therapeutic System

Revised Dosage Information

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE
This drug product has been conditionally approved by the FDA for the prevention of angina pectoris due to coronary artery disease. Tolerance to the antianginal effects of nitrates (measured by exercise stress testing) has been shown to be a major factor limiting efficacy when transdermal nitrates are used continuously for longer than 12 hours each day. The development of tolerance can be altered (prevented or attenuated) by use of a noncontinuous (intermittent) dosing schedule with a nitrate-free interval of 10-12 hours.

Controlled clinical trial data suggest that the intermittent use of nitrates is associated with decreased exercise tolerance, in comparison to placebo, during the last part of the nitrate-free interval; the clinical relevance of this observation is unknown, but the possibility of increased frequency or severity of angina during the nitrate-free interval should be considered. Further investigations of the tolerance phenomenon and best regimen are ongoing. A final evaluation of the effectiveness of the product will be announced by the FDA.

CONTRAINDICATIONS
Allergic reactions to organic nitrates are extremely rare, but they do occur. Nitroglycerin is contraindicated in patients who are allergic to it. Allergy to the adhesives used in nitroglycerin patches has also been reported, and it similarly constitutes a contraindication to the use of this product.

WARNINGS
The benefits of transdermal nitroglycerin in patients with acute myocardial infarction or congestive heart failure have not been established. If one elects to use nitroglycerin in these conditions, careful clinical or hemodynamic monitoring must be used to avoid the hazards of hypotension and tachycardia.

A cardioverter/defibrillator should not be discharged through a paddle electrode that overlies a Transderm-Nitro patch. The arcing that may be seen in this situation is harmless in itself, but it may be associated with local current concentration that can cause damage to the paddles and burns to the patient.

PRECAUTIONS
General
Severe hypotension, particularly with upright posture, may occur with even small doses of nitroglycerin. This drug should therefore be used with caution in patients who may be volume depleted or who, for whatever reason, are already hypotensive. Hypotension induced by nitroglycerin may be accompanied by paradoxical bradycardia and increased angina pectoris.

Nitrate therapy may aggravate the angina caused by hypertrophic cardiomyopathy.





As tolerance to other forms of nitroglycerin develops, the effect of sublingual nitroglycerin on exercise tolerance, although still observable, is somewhat blunted.

In industrial workers who have had long-term exposure to unknown (presumably high) doses of organic nitrates, tolerance clearly occurs. Chest pain, acute myocardial infarction, and even sudden death have occurred during temporary withdrawal of nitrates from these workers, demonstrating the existence of true physical dependence.

Several clinical trials in patients with angina pectoris have evaluated nitroglycerin regimens which incorporated a 10-12 hour nitrate-free interval. In some of these trials, an increase in the frequency of anginal attacks during the nitrate-free interval was observed in a small number of patients. In one trial, patients demonstrated decreased exercise tolerance at the end of the nitrate-free interval. Hemodynamic rebound has been observed only rarely; on the other hand, few studies were so designed that rebound, if it had occurred, would have been detected. The importance of these observations to the routine, clinical use of transdermal nitroglycerin is unknown.

Information for Patients
Daily headaches sometimes accompany treatment with nitroglycerin. In patients who get these headaches, the headaches may be a marker of the activity of the drug. Patients should resist the temptation to avoid headaches by altering the schedule of their treatment with nitroglycerin, since loss of headache may be associated with simultaneous loss of antianginal efficacy.

Treatment with nitroglycerin may be associated with lightheadedness on standing, especially just after rising from a recumbent or seated position. This effect may be more frequent in patients who have also consumed alcohol.

	0.1 mg/hr... Formerly designated as 2.5 mg/24 hr
	0.2 mg/ hr... Formerly designated as 5 mg/24 hr
	0.4 mg/hr... Formerly designated as 10 mg/24 hr
	0.6 mg/hr... Formerly designated as 15 mg/24 hr

After normal use, there is enough residual nitroglycerin in discarded patches that they are a potential hazard to children and pets.

A patient leaflet is supplied with the systems.

Drug Interactions
The vasodilating effects of nitroglycerin may be additive with those of other vasodilators. Alcohol, in particular, has been found to exhibit additive effects of this variety.

Marked symptomatic orthostatic hypotension has been reported when calcium channel blockers and organic nitrates were used in combination. Dose adjustments of either class of agents may be necessary.

Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term animal studies have examined the carcinogenic or mutagenic potential of nitroglycerin. Nitroglycerin’s effect upon reproductive capacity is similarly unknown.

Pregnancy Category C
Animal reproduction studies have not been conducted with nitroglycerin. It is also not known whether nitroglycerin can cause fetal harm when administered to a pregnant woman or whether it can affect reproductive capacity. Nitroglycerin should be given to a pregnant woman only if clearly needed.

Nursing Mothers
It is not known whether nitroglycerin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when nitroglycerin is administered to a nursing woman.

Pediatric Use
Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to nitroglycerin are generally dose-related, and almost all of these reactions are the result of nitroglycerin’s activity as a vasodilator. Headache, which may be severe, is the most commonly reported side effect. Headache may be recurrent with each daily dose, especially at higher doses. Transient episodes of lightheadedness, occasionally related to blood pressure changes, may also occur. Hypotension occurs infrequently, but in some patients it may be severe enough to warrant discontinuation of therapy. Syncope, crescendo angina, and rebound hypertension have been reported but are uncommon.

Extremely rarely, ordinary doses of organic nitrates have caused methemoglobinemia in normal-seeming patients. Methemoglobinemia is so infrequent at these doses that further discussion of its diagnosis and treatment is deferred (see Dverdosage).

Application-site irritation may occur but is rarely severe.

In two placebo-controlled trials of intermittent therapy with nitroglycerin patches at 0.2 to 0.8 mg/hr, the most frequent adverse reactions among 307 subjects were as follows:

	Placebo	Patch
Headache	18%	63%
Lightheadedness	4%	6%
Hypotension, and/or syncope	0%	4%
Increased angina	2%	2%

OVERDOSAGE
Hemodynamic Effects
The ill effects of nitroglycerin overdose are generally the result of nitroglycerin’s capacity to induce vasodilatation, venous pooling, reduced cardiac output, and hypotension. These hemodynamic changes may have protean manifestations, including increased intracranial pressure, with any or all of persistent throbbing headache, confusion, and moderate fever; vertigo; palpitations; visual disturbances; nausea and vomiting (possibly with colic and even bloody diarrhea); syncope (especially in the upright posture); air hunger and dyspnea, later followed by reduced ventilatory effort; diaphoresis, with the skin either flushed or cold and clammy; heart block and bradycardia; paralysis; coma; seizures; and death.

Laboratory determinations of serum levels of nitroglycerin and its metabolites are not widely available, and such determinations have, in any event, no established role in the management of nitroglycerin overdose.

No data are available to suggest physiological maneuvers (e.g., maneuvers to change the pH of the urine) that might accelerate elimination of nitroglycerin and its active metabolites. Similarly, it is not known which, if any, of these substances can usefully be removed from the body by hemodialysis.

No specific antagonist to the vasodilator effects of nitroglycerin is known, and no intervention has been subject to controlled study as a therapy of nitroglycerin overdose. Because the hypotension associated with nitroglycerin overdose is the result of venodilatation and arterial hypovolemia, prudent therapy in this situation should be directed toward an increase in central fluid volume. Passive elevation of the patient’s legs may be sufficient, but intravenous infusion of normal saline or similar fluid may also be necessary.

The use of epinephrine or other arterial vasoconstrictors in this setting is likely to do more harm than good.

In patients with renal disease or congestive heart failure, therapy resulting in central volume expansion is not without hazard.

Treatment of nitroglycerin overdose in these patients may be subtle and difficult, and invasive monitoring may be required.

Methemoglobinemia
Nitrate ions liberated during metabolism of nitroglycerin can oxidize hemoglobin into methemoglobin. Even in patients totally without cytochrome b₅ reductase activity, however, and even assuming that the nitrate moieties of nitroglycerin are quantitatively applied to oxidation of hemoglobin, about 1 mg/kg of nitroglycerin should be required before any of these patients manifests clinically significant ($\geq 10\%$) methemoglobinemia. In patients with normal reductase function, significant production of methemoglobin should require even larger doses of nitroglycerin. In one study in which 36 patients received 2-4 weeks of continuous nitroglycerin therapy at 3.1 to 4.4 mg/hr, the average methemoglobin level measured was 0.2%; this was comparable to that observed in parallel patients who received placebo.

Notwithstanding these observations, there are case reports of significant methemoglobinemia in association with moderate overdoses of organic nitrates. None of the affected patients had been thought to be unusually susceptible.

Methemoglobin levels are available from most clinical laboratories. The diagnosis should be suspected in patients who exhibit signs of impaired oxygen delivery despite adequate cardiac output and adequate arterial pO₂. Classically, methemoglobinemic blood is described as chocolate brown, without color change on exposure to air.

When methemoglobinemia is diagnosed, the treatment of choice is methylene blue, 1-2 mg/kg intravenously.

DOSAGE AND ADMINISTRATION
The suggested starting dose is between 0.2 mg/hr* and 0.4 mg/hr*. Doses between 0.4 mg/hr* and 0.8 mg/hr* have shown continued effectiveness for 10-12 hours daily for at least one month (the longest period studied) of intermittent administration. Although the minimum nitrate-free interval has not been defined, data show that a nitrate-free interval of 10-12 hours is sufficient (see INDICATIONS AND USAGE). Thus, an appropriate dosing schedule for nitroglycerin patches would include a daily patch-on period of 12-14 hours and a daily patch-off period of 10-12 hours.

Although some well-controlled clinical trials using exercise tolerance testing have shown maintenance of effectiveness when patches are worn continuously, the large majority of such controlled trials have shown the development of tolerance (i.e., complete loss of effect) within the first 24 hours after therapy was initiated. Dose adjustment, even to levels much higher than generally used, did not restore efficacy.

PATIENT INSTRUCTIONS FOR APPLICATION OF SYSTEM
A patient leaflet is supplied with each carton.

HOW SUPPLIED				
Transderm-Nitro System*	Total Nitro-glycerin in System	System Size	Carton Size	
0.1 mg/hr	12.5 mg	5 cm ²	30 Systems...	NDC 57267-902-26 **30 Systems... NDC 57267-902-42 **100 Systems... NDC 57267-902-30
0.2 mg/hr	25 mg	10 cm ²	30 Systems...	NDC 57267-905-26 **30 Systems... NDC 57267-905-42 **100 Systems... NDC 57267-905-30
0.4 mg/hr	50 mg	20 cm ²	30 Systems...	NDC 57267-910-26 **30 Systems... NDC 57267-910-42 **100 Systems... NDC 57267-910-30
0.6 mg/hr	75 mg	30 cm ²	30 Systems...	NDC 57267-915-26 **30 Systems... NDC 57267-915-42 **100 Systems... NDC 57267-915-30
**Institutional Pack				

*Rated release in vivo. Release rates were formerly described in terms of drug delivered per 24 hours. In these terms, the supplied Transderm-Nitro systems would be rated at 2.5 mg/24 hr (0.1 mg/hr), 5 mg/24 hr (0.2 mg/hr), 10 mg/24 hr (0.4 mg/hr), and 15 mg/24 hr (0.6 mg/hr).

Do not store above 86°F (30°C).

Summit Pharmaceuticals

Dist. by:
Summit Pharmaceuticals
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

Printed in U.S.A.
C89-46 (Rev. 10/89)

References:
1. Brady EM, Gold DG, Rosenbach HJ. Antianginal efficacy of transdermal nitroglycerin and oral nitrates: The ACTION Study. *Cardiovasc Rev Rep.* October 1988: 40-44.

No smoking at ball games

Declaring its intention to take on the tobacco industry, the AMA House of Delegates took a strong policy stand against smoking in public places. Building on an Illinois resolution urging a smoking ban in stadiums, physician delegates directed the AMA to seek state or local prohibition of smoking in stadiums and all indoor public places, such as restaurants and bars.

“Resolution 68 intends to protect the millions of people who attend sporting events” from the dangers of secondhand smoke, said Illinois delegate Albino T. Bismonte, M.D., of Lake Bluff.

Reference committee testimony strongly supported the Illinois resolution and a similar measure sponsored by the New York delegation. In the final policy statement, delegates commended those sports franchises, such as the Oakland Athletics, that have already banned smoking in their home stadiums.

Several physicians said these and other smoking-related resolutions are a step toward achieving the smoke-free society envisioned by former U.S. Surgeon General C. Everett Koop, M.D., by the year 2000.

Medicare toll-free lines advocated

Responding to an Illinois-sponsored resolution, the delegates directed the AMA to lobby the U.S. Health Care Financing Administration to continue requiring that its Medicare carriers provide toll-free hot lines for physician inquiries. The policy statement also calls on HCFA to provide funding for the toll-free lines.

In Illinois and several other states around the country, third party carriers have discontinued the toll-free lines, forcing physicians to pay for long distance calls. Physicians testified in reference committee and on the House floor that they are often kept on hold for long periods when calling carriers with questions about Medicare Part B, and that these phone charges are an unfair physician expense.

“We urge HCFA to restore the toll-free telephone hot lines because of the big help they were to physicians,” said Illinois delegate Arthur R. Traugott, M.D., of Urbana. “This is an action that would be good across the country for physicians in every state.”

Other delegates testified that HCFA should ensure that sufficient

numbers of hot lines are made available for physicians. In states where the lines still exist, one delegate said, physicians calling Medicare carriers waste time on the phone dialing and redialing because the hot lines are usually busy.

Preventing CME fraud

In response to a recent segment on the NBC news program *Exposé* highlighting fraudulent CME programs, delegates adopted policy to help physicians identify legitimate continuing medical education activities. An Illinois resolution, sponsored by Fred Z. White, M.D., of Peoria, was woven into the final version of the policy statement.

The resolution directs the AMA to develop guidelines that will help physicians identify high-quality CME programs. The policy statement also calls for the AMA to establish ethical principles regarding doctors' responsibility to participate in CME.

Excessive requests from third party payers

Delegates adopted a modified version of an Illinois-sponsored resolution condemning unexplained delays in processing and paying claims. The resolution also calls on the AMA to oppose excessive and unnecessary requests for information from physicians when a standard claim form has been submitted.

Because many physicians testifying believed that the delays and hassles are an effort by payers to delay processing legitimate claims, the House charged the AMA to work toward a solution of this growing problem. Delegates directed the AMA to meet with representatives of the Health Insurance Association of America, HCFA and other third party carriers to ascertain a reasonable processing time for insurance claims.

Solid oral medications

A resolution from Illinois seeking AMA support of requirements to label all solid oral medications with the name of the drug and its strength was not adopted by the House. Instead, the House adopted a substitute resolution reflecting recent Food and Drug Administration regulations about identification of solid oral medications.

The resolution directs the AMA to review and submit written comments on the FDA regulations announced May 15 in the *Federal Register*.

Reserve physicians in training

Delegates adopted an Illinois resolution urging that medical residents and fellows called to military service during a national emergency be assigned duties consistent with their specialty and level of training. Prompted by the recent Persian Gulf call-up, the resolution generated only positive comments during testimony. The resolution was passed with only a minor amendment, and members of the Illinois delegation indicated their satisfaction with the final version.

Medicare outpatient charges

A final Illinois resolution calling on the AMA to oppose the Medicare Part B Outpatient Physician Charge Limit was adopted by the House on the consent calendar. ▲

Physician HIV testing

(continued from page 5)

tion, delegates affirmed that pre- and post-test counseling are critical for appropriate treatment.

The AMA's new policy on informed consent brings it in line with Illinois law. Illinois physicians are not required to obtain written informed consent for an HIV test if, in the physician's judgment, the test is medically necessary to diagnose and treat a patient who has already consented to medical treatment. While the AMA stance will have little effect on Illinois physicians, Illinois State Medical Society President Robert M. Reardon, M.D., said he believes the policy will influence doctors in other states to modify their informed consent procedures.

Dr. Reardon said he hopes the House actions will ease public anxiety. "This is an extremely complex situation, and I think it's unfortunate that the public may be getting hysterical about it," he said. "I understand the fear, but we in medicine must be the leaders in this issue. We must try to de-politicize [AIDS] and treat it as a medical condition."

"I am pleased with what came out of the House," said Arvind K. Goyal, M.D., ISMS president-elect. "I think it is very practical; it is based on available scientific information, and nothing stops us from revising this in the future if more information becomes available. It is not based on fear alone."

Implications beyond health care

House debate and reference committee testimony centered on whether AIDS should be treated like other communicable diseases. Some speakers urged the AMA to treat AIDS as a medical condition rather than a civil rights issue. However, AMA Trustee Nancy Dickey, M.D., said that HIV test results have implications that go beyond health care.

"As much as we have had efforts legislatively and judicially to remove the concerns of discrimination that go with being tested, we aren't there yet," she said, following the House debate. "So long as an HIV test carries implications for employment, for insurability, for the right to participate in society, it has to continue to be treated somewhat differently than routine tests."

'Tell or quit' policy reaffirmed for HIV-positive physicians

Debate on the HIV resolutions came as public scrutiny of HIV-infected health care workers increased. Last month, two Minnesota physicians with AIDS wrote letters to their patients recommending that they be tested for possible HIV exposure. And in Springfield, amid news that a dentist in central Illinois died last fall of AIDS-related pneumonia, the Illinois General Assembly considered legislation relating to patient notification of HIV-infected health care workers. (See related story page 1.)

The AMA House reaffirmed its policy that health care workers either tell their patients they are HIV-

positive or refrain from performing invasive medical procedures. The resolution included a provision to review the policy when the U.S. Centers for Disease Control releases new guidelines on HIV-infected health care workers later this year. The House adopted a similar "tell or quit" stance for physicians who are infected with the hepatitis B virus and called for physicians at risk of hepatitis B infection to be immunized.

Dr. Reardon said he is not sure whether the AMA action puts physician and patient HIV testing on equal footing. "I think patient testing does have to be addressed," he said, "but I'm not sure at this time whether we can keep this out of the political arena. If we ever get to something mandatory for the physicians, then I think it becomes mandatory for the patient." ▲

Substitute Resolution 240 – HIV testing of health care workers and patients

RESOLVED, That the American Medical Association support HIV testing of physicians, health care workers and students in appropriate situations; and be it further

RESOLVED, That the AMA study the issues related to such testing including specifying situations in which testing should be performed, the frequency of testing, and the relationship of such testing to licensure, professional liability insurance, granting of privileges or any credentialing process with report back at I-91; and be it further

RESOLVED, That the AMA supports the position that HIV testing be done on physicians, other health care workers, and patients consistent with testing for other infections and communicable diseases; and be it further

RESOLVED, That the AMA encourage education of patients and the public about the limited risks of iatrogenic HIV transmission. ▲

Adopted, June 26, 1991



Members of the AIDS advocacy group ACT-UP draw attention outside while AMA delegates in reference committee consider policy on mandatory HIV testing.

Wm. Daniels/The Photo Partners

Legislation

(continued from page 1)

House bills that nevertheless stalled in various committees. Two of them were tabled, but three of the bills were placed on the interim study calendar and could come back next year.

ISMS-supported legislation making it illegal for physicians to participate in state-sponsored executions got bogged down in committee when organizations representing other health care workers also sought exclusion. Also, supporters of capital punishment expressed concern that non-participation of health care workers would undermine the death penalty. It was possible, however, that the legislation would receive further consideration before final adjournment.

The ISMS House of Delegates voted at its April annual meeting that such participation is unethical, a position affirmed by the American Medical Association at its June annual meeting.

Universal health stumbles

Proponents of universal health care legislation embarked last spring on a major public relations and legislative campaign to pass identical bills in each house. Finding little support, Sen. Margaret Smith (D-Chicago) kept her bill in the Public Health, Welfare and Corrections Committee, which she chairs. And while the House measure, spon-

Highlights of the 87th General Assembly spring session		
Legislation	Action	ISMS position
Surrogate decision maker for health care	Passed	Supported
Universal health care	Failed	Opposed
Tanning parlor regulation	Passed	Supported
Modification of controlled substances registration	Passed	Supported
Retroactive license renewal	Passed	Supported
Conditional licensing of physicians not fully meeting state requirements	Failed	Opposed
Pricing restrictions on physician services	Failed	Opposed
Clarifying the practice of medicine without a license	Passed	Supported

sored by Rep. Anthony L. Young (D-Chicago), encountered tough going, the failed 52-62 House test vote in May was closer than many observers predicted, attesting to the

emotional support the universal health care concept engenders.

During the session's closing days, attention focused on proposals to reform the state's Medicaid reim-

bursement system for hospitals. While both houses passed a bill crafted by the Illinois Hospital Association establishing a hospital assessment program to leverage matching federal funds, Gov. Jim Edgar pronounced the plan unacceptable and proposed his own. Behind-the-scenes discussions among IHA representatives, Illinois Department of Public Aid and Cook County officials, and other interested parties contributed to the prolonged session. (See story below.)

Controversy also ensued June 25 when a proposal to make it easier to notify patients of identified HIV-infected health care workers was amended to a Senate bill permitting HIV testing of defendants accused of sex crimes. Saying the amendment was ill-advised, the state's health care organizations mounted an intense lobbying effort to defeat the entire bill the next day. But the emotional support the amendment garnered among many legislators kept the issue a high priority, precipitating off-the-floor negotiations lasting for days. (See story page 1.)

ISMS was instrumental in the passage of several bills of interest to physicians and the defeat of others that physicians found highly objectionable. Summaries of selected legislation follows. The outcomes of other bills of interest to physicians are detailed in "On the Legislative Scene" on page 3. ▲

Health facilities to participate in Medicaid assessment program

by Tamara Strom

AS ILLINOIS MEDICINE went to press on July 10, there appeared to be agreement on a way to avert Gov. Jim Edgar's proposed Medicaid payment rate cuts to Illinois hospitals and other health care facilities. With the spring legislative session winding down, representatives of the state's hospitals and long-term care facilities, Cook County, and the Illinois Department of Public Aid appeared to agree on how to overhaul the Medicaid reimbursement system for the care these institutions render to public aid clients.

Key to constructing the reimbursement system, outlined in a legislative conference committee report circulating July 10, were provisions that would increase hospital and long-term care and mental health facility reimbursements, without taking additional dollars from the state's ailing treasury. The plan is wholly dependent, however, on state lawmakers reaching a budget accord that appropriates funding for the system.

As outlined in the conference committee report, hospitals and other health care facilities would pay assessments to the state, which in turn would leverage those funds with federal matching funds. Although the General Revenue Fund reductions Gov. Jim Edgar proposed for health care facilities would still be made, the assessment plan would enable the state to compensate for the proposed cuts for hospital and mental health and long-term care facility re-

GA, AMI payments cut

Physicians may not receive payment for services they are delivering to some public aid clients. Although the legislature had not agreed on a budget to send to the governor's desk, General Assistance and Aid to the Medically Indigent is expected to cease retroactive to July 1.

Bills submitted to public aid for services rendered to uncovered patients will not be paid.

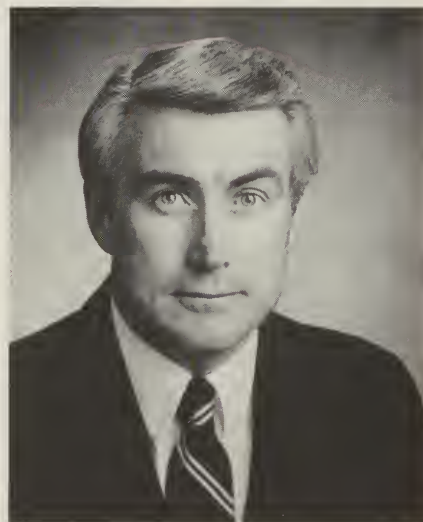
The Medicaid cuts, designed to eliminate more than \$107 million in public aid spending, were outlined in the governor's proposed budget announced in March.

Children on General Assistance and adults in families with children on public aid will continue to receive medical coverage, according to the budget proposal. ▲

imbursement, said IDPA spokesman Dean Schott.

A program of this type would collapse if Congress pulls the plug on leveraging. The payment rate would then return to the levels in the governor's proposed budget. The U.S. Health Care Financing Administration has established a strike force to study leveraging after reports that the Office of Management and Budget called some forms of matching state dollars a "scam."

Schott stressed that the assessments will not provide additional dollars for speeding up the Medicaid payment cycle. But, he added, cuts made in other areas in the gov-



Gov. Jim Edgar proposed an assessment plan of his own in late June.

ernor's proposed budget will bring the cycle down to 60 days.

The plan as drafted only pertains to health care facilities. No providers, such as physicians, are part of the new system.

ICARE dissolves Aug. 31

Regardless of the specifics of the final plan the legislature approves, the state's current hospital Medicaid reimbursement system – the Illinois Competitive Access and Reimbursement Equity (ICARE) program – will cease on Aug. 31, the day most ICARE contracts for Chicago hospitals are set to expire. In its place, IDPA will implement a temporary cost-based, non-contracting system currently used by non-ICARE participating hospitals. The temporary system will remain in place until a new

system based on diagnosis-related groups (DRGs) is implemented retroactive to Sept. 1, 1991. Legislators are leaving the design of the DRG program up to IDPA.

Effective July 1, 1991, hospitals – other than those operated by Cook County – will be assessed 50 percent of their payment rate increase over the governor's proposed budget level, plus 5 percent of their prior year Medicaid revenues. Long-term care facilities will pay 15 percent of their prior year Medicaid revenues. The money will be placed in a separate assessment fund to be leveraged with matching federal dollars. "In most cases, hospitals will get back more money than they contributed," Schott said. "No hospital will get less than they put in."

Cook County Hospital, which was included in the proposal after pressure from Democratic leadership in both houses, will be assessed 60 percent of its Medicaid payments after the first \$78 million is paid to the hospital by the state. A special deal was cut for Cook County to offset the huge losses the hospital would face if the governor's proposed cuts to General Assistance and Aid to the Medically Indigent went into effect. Cook County treats a high number of GA and AMI patients.

Overall, the assessment program features higher payments for "targeted access" facilities, those institutions that "need help the most, if they are going to provide the level of service that's appropriate for our clients," Schott said. These hospitals

(continued on page 16)

Bills of interest to Illinois physicians – how they fared

Controlled substances registration

Under S.B. 588, physicians who prescribe controlled substances will now need to register with the Department of Professional Regulation for only those locations where the controlled substances are administered or dispensed.

Under the old law, a separate registration was also required for a location in which the physician merely prescribed the controlled substance, but did not dispense it. The ISMS-supported legislation, which passed both houses on June 27, was sponsored by Sen. Robert M. Raica (R-Chicago) and Rep. Michael D. Curran (D-Springfield).

on
governor's
desk

License renewal extension

Amendments to the Medical Practice Act supported by ISMS make it easier for physicians whose licenses have lapsed to renew them. H.B. 1854 gives a physician 90 days after the expiration of the old license to apply for a new one. The physician will have to comply with the requirements for license renewal and pay an additional fee, but the new license will be retroactive to the date of the old license's expiration.

on
governor's
desk

The measure responds to concerns raised at the June ISMS Board of Trustees meeting about gaps in medical malpractice coverage triggered by a lapse of a physician's license. The bill also permits visiting physician residents to qualify for permits under similar terms and conditions as visiting physicians.

Clarifying the practice of medicine without a license

Another amendment to the Medical Practice Act provides that violation of the act will include the treatment of "conditions" without a license, in addition to "ailments," which current law states.

on
governor's
desk

The correction to the act is in response to a U.S. District Court ruling that dismissed an indictment against a downstate lay midwife accused of illegally practicing medicine. The judge ruled that pregnancy was not an ailment, but a condition. The ISMS-supported amendment was sponsored by Reps. Tom Ryder (R-Jerseyville) and Alfred G. Ronan (D-Chicago), and Sen. Denny Jacobs (D-Moline).

Infectious waste

Legislation regulating the packaging, transportation and disposal of potentially infectious medical waste passed July 2. H.B. 2491, sponsored by Rep. Myron J. Kulas (D-Chicago), exempts offices that generate up to 50 pounds of potentially infectious medical waste per month from paying a hauling permit or completing manifest forms. Potentially infectious medical waste must be packaged and stored in rigid, leak-resistant containers that are impervious to moisture and sealed to prevent leakage during transportation. Medical waste must be transported to disposal facilities licensed by the Illinois Environmental Protection Agency.

The legislation comes on the heels of a report to Gov. Jim Edgar by the Medical Waste Tracking Study Group. The group – which included representatives of health care organizations, government agencies and waste management companies – was convened by former Gov. James R. Thompson in 1989 after Thompson elected not to participate in a two-year federal program to study medical waste. Several Illinois cities, including Chicago, have already enacted laws governing medical waste disposal.

on
governor's
desk

Pricing restrictions on physician services

ISMS vigorously opposed H.B. 1626, which would have prohibited physicians from charging different fees to different patients depending on who is paying the bill; the bill was tabled in the House. Many physicians found the Illinois State Chamber of Commerce-backed bill particularly odious because it excluded hospitals and was an unnecessary intrusion of government into the pricing of physician services.

tabled

Tanning parlor regulation

An ISMS-supported bill to regulate tanning parlors passed both houses June 27. H.B. 1853, the Tanning Facility Permit Act, requires tanning parlor operators to provide written warnings on the dangers of ultraviolet radiation. The bill was developed in response to a 1990 ISMS House of Delegates resolution.

Sponsored by Reps. Alfred G. Ronan (D-Chicago) and Frank Giglio (D-Calumet City), and Sen. John J.

on
governor's
desk

Cullerton (D-Chicago), the bill requires posting of signs regarding the potential effects of radiation on people taking medication and the relationship to skin cancer. An amendment to the bill creates a Tanning Facility Permit Fund, which permits the Department of Public Health to charge fees to implement the act.

Pre-judgment interest

H.B. 1385, a bill sponsored by House Speaker Michael J. Madigan (D-Chicago) that would have permitted liability judgments to draw 9 percent interest from the date a lawsuit was filed, was placed on interim study. Sources speculate the bill, which ISMS opposes, was kept alive to prevent any attempt to bring other tort reform legislation to the floor during this session.

Meanwhile, a measure sponsored by Sen. Robert A. Madigan (R-Lincoln), who is no relation to the speaker, would have instituted a \$250,000 cap on non-economic damages in malpractice actions. The bill was held in the Senate Judiciary I Committee.

interim
study

Conditional licensing of physicians

The House defeated 35-71 legislation that would have granted conditional licenses to individuals who did not meet all of the Illinois requirements for licensure. H.B. 578, sponsored by Rep. Bill Edley (D-Macomb) and eight other representatives, would have granted conditional licenses to people who promised to complete the requirements for licensure within two years, and further agreed to serve in medically underserved areas for a minimum of four years.

ISMS opposed the legislation because it would permit licensure of individuals who would not otherwise qualify under state law. Such licensure would create a two-tier system of health care in which certain patients would be treated by potentially unqualified physicians simply because the patients live in underserved areas, ISMS told legislators. ▲

failed



The Greater Springfield Chamber of Commerce

Surrogate decision makers

(continued from page 1)

tors by a coalition led by the Illinois State Medical Society – and including the Catholic Conference of Illinois, the Illinois Hospital Association, the Chicago Bar Association and the Illinois State Bar Association – told coalition members they would have enough votes to pass the bill.

One difficulty for bill supporters was when to call the bill for a vote a second time. They watched for opportunities all day Saturday and most of Sunday. But because most business involved either conference committee talks or budget and reapportionment negotiations, there were never enough House members on the floor to ensure a successful vote.

Opportunity finally knocked

around 8:20 p.m. Sunday evening when Speaker Michael J. Madigan (D-Chicago) called his legislative redistricting map for a vote. Suddenly, the Chamber filled with members who had been somewhere else in the Statehouse for two days. As the Democrats (whose numbers give the speaker a veto-proof majority) quietly acquiesced, and Republicans made a ruckus about a map they said was drawn with partisan political objectives, supporters of H.B. 2334 took advantage. Immediately after the vote on the map, Rep. John F. Dunn (D-Decatur), the bill's sponsor, was recognized and reconsideration was under way.

"It's an honor for me to be a part of this team that has worked for the better part of two years on this legislation," Dunn told *Illinois Medicine*

"This is a bill that fills a gap. If this becomes law, the family who suffers one tragedy will be able to avoid the double tragedy of going to court."

— Rep. Dunn

minutes after the successful roll call. "This is a bill that fills a gap. If this becomes law, the family who suffers one tragedy will be able to avoid the double tragedy of going to court, and will be in a position to have a surrogate make the decision that the patient would like to have made had he or she been able to make it themselves."

Similar legislation rising from a task force report on life-sustaining treatment convened by former Cook County State's Attorney Cecil A. Partridge last year, and sponsored by Sen. John A. D'Arco Jr. (D-Chicago), failed last year. D'Arco this session sponsored H.B. 2334 in the Senate where it passed 33-23.

Opponents on the House floor objected to a provision in H.B. 2334 permitting the withdrawal of artificial nutrition and hydration. "Frankly, I thought it went too far,"



Rep. Thomas J. McCracken Jr., led the floor fight against the bill.

said Rep. Thomas J. McCracken Jr. (R-Westmont), who led the floor fight against the bill. "Even when it is administered by a tube, food and water are different from medicine or therapeutic treatment, and no amount of attempting to mask that fact can persuade me that I'm wrong."

McCracken said he empathized with patients and families in such situations, but added that "I don't believe there's a solution for every circumstance. And, frankly, I'm not reticent about not proposing a solution. Some of these cases are just tragic and intractable."

The legislation is designed to provide relief to patients who have not signed either a living will detailing the care they wish to refuse, or a durable power of attorney for health care, appointing another to act on their behalf. The bill presupposes that patients lacking decision-making capacity and who suffer from one of the conditions described above retain the same right to de-



Rep. John F. Dunn called for reconsideration of the surrogate decision-maker bill.

cide their own medical care that they have when they are able to make such decisions. The bill, therefore, would permit surrogates to make health care decisions on behalf of such patients who lack the ability to do so without first obtaining court approval.

Surrogate hierarchy

The bill permits the attending physician to designate a surrogate according to a hierarchy that includes (in order of priority) the patient's personal guardian, the patient's spouse, any adult son or daughter of the patient, either parent of the patient, any adult brother or sister of the patient, any grandchild of the patient, a close friend of the patient or the patient's guardian of the estate. The bill was amended to nullify the law if the patient objected to the surrogate or any decision made by the surrogate.

Under the legislation, surrogates would be permitted to forgo life-sustaining treatment for the patient if the surrogate believed that the patient would refuse such treatment, or if discontinuing treatment was in the best interest of the patient. The bill defines life-sustaining treatment as "... any medical treatment, procedure, or intervention that, in the judgment of the attending physician, when applied to a patient with a qualifying condition, would not be effective to remove the qualifying condition, or would serve only to prolong the dying process. Those procedures can include, but are not limited to, assisted ventilation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs, antibiotics, and artificial nutrition and hydration."

Surrogates and members of the health care team are immunized from civil or criminal liability for decisions made on behalf of the patient in good faith. "A health care provider who relies on and carries out a surrogate's directions and who acts with due care and in accordance with this Act shall not be subject to any claim based on lack of patient consent or to criminal prosecution or discipline for unprofessional conduct," the bill states. The bill, however, does not immunize members of the health care team for incidents of "negligence in the performance of the provider's duties."

Although Dunn said he had not talked to Gov. Edgar about the bill, he said he was optimistic the governor would sign the legislation. ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in *Rauwolfia Serpentina* (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

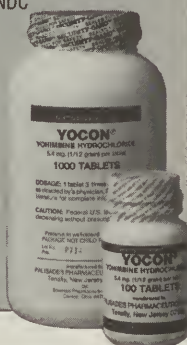
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.

219 County Road
Tenaflly, New Jersey 07670
(201) 569-8502
1-800-237-9083

April annual meeting.

Post-surgical recovery centers ...
Bills creating a pilot program establishing six post-surgical recovery centers were stalled in each house. The House bill, H.B. 2590, was placed on interim study, while the Senate version, S.B. 865, was defeated 18-37. Both bills were vehemently opposed by the Illinois Hospital Association.

At its April annual meeting, the ISMS House of Delegates adopted a resolution approving the concept of such centers, saying they could significantly improve access to quality medical care.

The House defeated another bill, opposed by ISMS, that would have provided for the licensing of birthing centers. H.B. 488 was spon-

sored by Rep. Barbara Flynn Currie (D-Chicago).

Public health administrators ...
ISMS-supported legislation requiring that a county or multiple-county health department board or a public health district board serving a population of 17,000 or more search for a medical health officer before appointing a public health administrator was placed on interim study in the House Counties and Townships Committee.

The bill, S.B. 623, sponsored by Sen. Robert A. Madigan (R-Lincoln) and Rep. Robert F. Olson (R-Broadwell), requires that efforts to recruit a medical health officer be documented, and that the search include consultation with county and state medical societies.

State Board of Health ... Tucked

away in a bill used to adopt a number of minor health care initiatives was legislation establishing a new 15-member State Board of Health to be appointed by the governor. As originally drafted, the bill gave considerable authority to the new board, diminishing its accountability to either the governor or the director of the Illinois Department of Public Health. ISMS worked to amend the bill to curb the semi-autonomous nature of the original proposal.

The board will advise the Illinois Department of Public Health and the governor on statewide public health matters and the coordination of health policies with local authorities. It will review current IDPH boards, councils, committees and authorities and make recommendations regarding the restructuring,

elimination or consolidation of these entities, or establishment of new ones. It will also review and make recommendations regarding proposed administrative rules issued by IDPH.

Five of the 15 members are to be "physicians licensed to practice medicine in all its branches." One of the five physicians will represent a medical school faculty, one must be board certified in preventive medicine and two must be engaged in private practice. Other members will include a dentist, an environmental health practitioner, a local public health administrator, a local board of health member, a registered nurse, a veterinarian, a public health academician, a health care industry representative and two citizens-at-large. ▲

Zantac® 150 Tablets
(ranitidine hydrochloride)

CONDENSED BRIEF SUMMARY

Zantac® 300 Tablets
(ranitidine hydrochloride)

Zantac® Syrup
(ranitidine hydrochloride)

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac® product labeling.

INDICATIONS AND USAGE: Zantac® is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy and is maintained throughout a six-week course of therapy.

In active duodenal ulcer, active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: Zantac® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: General: 1. Symptomatic response to Zantac® therapy does not preclude the presence of gastric malignancy. 2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although recommended doses of Zantac do not inhibit the action of cytochrome P-450 enzymes in the liver, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Headache, sometimes severe, seems to be related to Zantac® administration. Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and, rarely, pancreatitis have been reported. There have been rare reports of malaise, dizziness, somnolence, insomnia, vertigo, tachycardia, bradycardia, atrioventricular block, premature ventricular beats, and arthralgias. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days. There have been occasional reports of hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice. In such circumstances, ranitidine should be immediately discontinued. These events are usually reversible, but in exceedingly rare circumstances death has occurred.

Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Although controlled studies have shown no antiandrogenic activity, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population.

Incidents of rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia, have been reported, as well as rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac® product labeling.)

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: Zantac® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets.

Zantac® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 (NDC 0173-0344-42) and 100 (NDC 0173-0344-09) tablets and unit dose packs of 100 (NDC 0173-0344-47) tablets.

Store between 15° and 30° C (59° and 86° F) in a dry place.

Protect from light. Replace cap securely after each opening. Zantac® Syrup, a clear, peppermint-flavored liquid, contains 16.8 mg of ranitidine hydrochloride equivalent to 15 mg of ranitidine per 1 ml in bottles of 16 fluid ounces (one pint) (NDC 0173-0383-54).

Store between 4° and 25° C (39° and 77° F). Dispense in tight, light-resistant containers as defined in the USP/NF.

September 1990

 **Glaxo Pharmaceuticals™**
DIVISION OF GLAXO INC.
Research Triangle Park, NC 27709

© Copyright 1987, Glaxo Inc. All rights reserved.

ZAN858R3

Printed in USA

October 1990

One Of A Kind

Zantac®
ranitidine HCl/Glaxo 150 mg and 300 mg tablets

Please see Brief Summary of Prescribing Information on adjacent page.

Glaxo/ROCHE

Medicaid assessment

(continued from page 12)

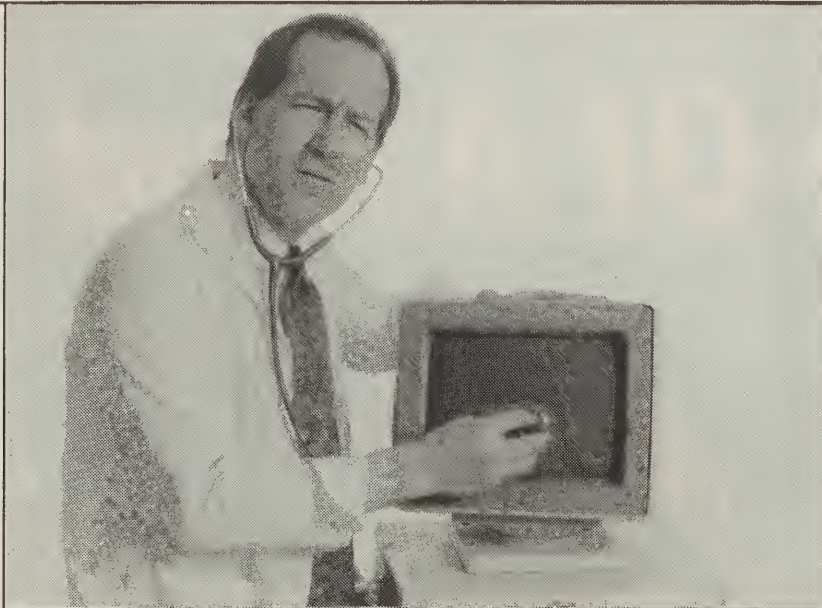
include community hospitals with less than 500 beds in urban areas and less than 250 beds in rural areas, and hospitals that have ambulatory clinics, obstetrical services and pediatric programs.

Four-year plan

In the absence of any other plan during the session, the Illinois Hospital Association had easily pushed its temporary assessment program through both houses of the legislature. But during the last week of June, the governor released his own plan, which also used hospital contributions to leverage federal matching funds. The difference between the IHA plan and the governor's proposal? "The governor will sign our plan;

he won't sign yours," IDPA Director Phil Bradley said during a June 21 briefing to hospital officials.

The two camps, although speaking the same language in terms of establishing an assessment program, were still miles from a compromise on mechanics going into the last week before the session's June 30 adjournment deadline. The governor favored a permanent assessment of hospitals, while IHA said its members would kick in the assessment funds for only two years, after which the state should fund the program. The parties involved seemed to agree on a plan for a 4-year program, with the assessments and reimbursement rates expiring in 1995, that was developed by the conference committee. IHA officials declined comment on the new plan. ▲



Can't Make The Proper Diagnosis?

Diagnosing your computer needs and office management problems isn't what you learned in medical school. But, in today's medical marketplace, computerization is critical for the successful, efficient management of your practice.

You need the help of qualified professionals.

Reiser, Jennings and Co. has been working with clients for over 23 years helping them choose and implement the right computer systems. Reiser, Jennings and Co. is an independent accounting firm. We are not committed to any one software program, although through our years of analysis of programs available, we have seen the benefits each program can offer. It is our goal to help you make the right choice for your office. We assess our client's needs and match those needs with the appropriate software. Then we train our clients and their staffs to properly use and maintain the programs. And that is the key to greater office efficiency and greater profit.

Reiser, Jennings and Co. provides approaches for automated accounting systems by bringing together accounting, management information, software and computer experience from one source. We've assembled a team of qualified professionals to serve your practice. Our Health Care Services Group is ready to be part of your practice management team.

Call our office today for more information. We'd be happy to answer any questions you may have. Or we can have one of our representatives stop by for a free, no-obligation consultation.



Reiser, Jennings and Co. of Illinois P.C.
Bloomington, Illinois • Ph: 309-663-7506

Call Reiser, Jennings & Co., and reclaim the time to do what you do best... keeping people healthy.

HIV

(continued from page 1)

the Illinois State Medical Society and the Illinois State Dental Society.

"We would have preferred to postpone a decision about the legislation until the U.S. Centers for Disease Control guidelines on HIV testing and risk of transmission are released in the coming weeks," said ISMS President Robert M. Reardon, M.D. "But considering the media spotlight and public pressure on legislators to take action a compromise was necessary. We think this is a moderate and appropriate piece of legislation."

After one measure first passed then failed in the House, the issue gathered momentum, precipitating behind-the-scenes negotiations aimed at bringing all sides together.

Also driving the issue was action taken by the American Medical Association House of Delegates at the same time the story broke in the media about the Nokomis dentist. Adding to the delegates' difficult deliberations was a surprise statement during the meeting by Vice President Dan Quayle in support of mandatory HIV testing of health care workers. Ultimately, the AMA rejected mandatory testing for health care workers but reaffirmed existing policy that physicians tell their patients they are HIV positive or stop performing invasive procedures.

While AMA delegates were grappling with HIV testing policies, several legislators took the floor at the Statehouse calling for disclosure of the names of HIV-positive health

care workers to their patients. An amendment introduced by Rep. Edward Petka (R-Plainfield) would have allowed IDPH to seek court orders to obtain patient records. IDPH could then inform patients that their doctors were HIV infected.

After the amendment won House approval June 25, opponents, including ISMS, lobbied successfully to kill the entire bill the next day, citing the need to protect patient-physician privilege and confidentiality. S.B. 263, to which the amendment was attached, would have allowed HIV testing of individuals accused of sex offenses. Both the state dental society and the Illinois Nurses Association worked with ISMS to defeat the bill.

Although S.B. 263 was defeated, S.B. 999 had been kept alive as the

"We think this is a moderate and appropriate piece of legislation."

— Robert M. Reardon, M.D.

vehicle for the compromise that was finally submitted for a vote by the House and Senate.

According to CDC, no evidence exists to suggest that any physician has ever transmitted HIV to a patient. Stuart Acer, D.D.S., a Florida dentist who reportedly transmitted the disease to five of his patients, is the only documented case of health care worker-to-patient infection. ▲

As Healthcare Services continue to change in today's volatile environment, so does your need for accurate up-to-date information.

You can stay current, informed, and in full control with

MEDICAL RECORDS AND THE LAW

This comprehensive, clear, and concise legal guide provides an easy-to-use reference on medical record legal issues.

FOR MORE INFORMATION CONTACT:

Central Office Coordinator at 312-685-IMRA

This valuable reference tool has been prepared and published by the:

ILLINOIS MEDICAL RECORD ASSOCIATION

P.O. Box 34258

Chicago, IL 60634

COST: \$125.00 per manual plus \$4.00 shipping and handling.

CDOH calls for measles immunization push

by Tamara Strom

PREDICTING ANOTHER severe measles epidemic just around the corner, the Chicago Department of Health is calling for a controversial plan to immunize those children at highest risk. CDOH is advocating that emergency room staff inoculate children seen at the hospital for other illnesses or injuries.

Many hospitals, however, oppose the idea, claiming they have neither the money nor the staff to provide such immunizations. In response, CDOH Chief Medical Officer Richard W. Biek, M.D., said hospital participation is critical because the

children at highest risk for measles use emergency rooms for medical care.

"The problem is that these children have no regular medical care provider," said Dr. Biek. "They do not receive routine health care, so they never are immunized. If they are really sick or injured, they go to the emergency room."

In addition to emergency rooms, Dr. Biek said he would like to see more children immunized in physician offices. Often, if a patient sees a physician on an emergency basis and is not a regular patient, the doctor will not check the child's immunization record.

"These children are referred to the health department for immunizations," he said. "But the parents rarely follow up and these children fall through the cracks. The parents have more important things to worry about, such as food, clothing and shelter. Even when we send out vans and go house-to-house, we still don't seem to get the high-risk children."

Dr. Biek said the department is expecting a major measles outbreak anytime after spring 1992. He said it is critical that children aged 2 to 4 be immunized before then. During the 1989 outbreak, the areas hardest hit were those in which only about 50 percent of the children aged 2 to

4 had been inoculated against measles. "In neighborhoods where 70 percent or more of the children were immunized by age 2 the epidemic didn't spread as much," he explained. "But in areas where less than 50 percent were not immunized by age 2, it spread like wildfire."

Dr. Biek said the real problem stopping hospitals and non-primary physicians from providing immunizations is money. "No one has a problem giving immunizations if we give them the money," he said. "But if everyone would do just a little bit, and take their share of the loss, we might be able to make a bigger difference." ▲

THE GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

September — November 1991

- ☐ Specialty Review in Dermatology
September 16 - 20, 1991
- ☐ Specialty Review
in General Surgery, Part II
September 16 - 23, 1991
- ☐ Specialty Review
in Cardiovascular Disease
September 23 - 27, 1991
- ☐ Specialty Review
in Medical Oncology
September 30 - October 4, 1991
- ☐ Specialty Review
in Gastroenterology
September 30 - October 4, 1991
- ☐ Specialty Review in Critical Care
Internal Medicine
September 30 - October 4, 1991
- ☐ Advances in
Anatomic and Clinical Pathology
October 14 - 20, 1991
- ☐ Specialty Review in Pediatrics
October 20 - 26, 1991
- ☐ Specialty Review
in Obstetrics and Gynecology:
Practical Aspects
October 27 - November 2, 1991
- ☐ Flexible Fiberoptic Sigmoidoscopy
November 2, 1991
- ☐ Fiberoptic Esophagogastric
Endoscopy
November 4 - 6, 1991
- ☐ Sports Medicine
November 6 - 8, 1991
- ☐ Advances in Internal Medicine
November 11 - 14, 1991
- ☐ Current Clinical Neurology
November 11 - 15, 1991
- ☐ Clinical Decision-Making
November 15 - 16, 1991

For complete information,
call toll-free

1-800-621-4651

or write to us at
707 South Wood Street
Chicago, Illinois 60612



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. And enjoy the satisfaction of a general practice without the financial and management burden. Today's Air Force offers an exciting medical environment and a non-contributing retirement plan for physicians who qualify. Learn more about becoming an Air Force physician. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Obituaries

* indicates ISMS member

** indicates member of ISMS Fifty Year Club

**Compere

Clinton C. Compere, M.D., of Tucson, Ariz. (formerly of Chicago), died May 26, 1991 at the age of 80. Dr. Compere was a 1937 graduate of the Pritzker School of Medicine of the University of Chicago.

**Crawford

Woodruff L. Crawford, M.D., of Rockford, died May 22, 1991 at the age of 91. Dr. Crawford was a 1920 graduate of the University of Illinois College of Medicine, Chicago.

*Dollear

Henry A. Dollear, M.D., of Jacksonville, died June 23, 1991 at the age of 75. Dr. Dollear was a 1941 graduate of St. Louis University School of Medicine, St. Louis, Mo.

**Faingold

Joseph E. Faingold, M.D., of Chicago, died May 9, 1991 at the age of 81. Dr. Faingold was a 1938 graduate of the University of Illinois College of Medicine, Chicago.

*Fairbairn

James P. Fairbairn Sr., M.D., of Chicago died May 1, 1991 at the age of 75. Dr. Fairbairn was a 1942 graduate of Loyola University Stritch School of Medicine, Maywood.

**Gardner

Clarence L. Gardner, M.D., of Aurora, died May 10, 1991 at the age of 82. Dr. Gardner was a 1932 graduate of Vanderbilt University School of Medicine, Nashville, Tenn.

**Ludin

Albert P. Ludin, M.D., of Springfield, died June 18, 1991 at the age of 87. Dr. Ludin was a 1933 graduate of Medizinische Fakultät der Friedrich Schiller Universität, Jena, Germany.

**McNutt

Justin C. McNutt, M.D., of Bloomington, died May 21, 1991 at the age of 77. Dr. McNutt was a 1940 graduate of Northwestern University Medical School, Chicago.

**Parker

Meyer H. Parker, M.D., of Louisville, died May 18, 1991 at the age of 83. Dr. Parker was a 1937 graduate of Chicago Medical School.

**Perlman

Henry B. Perlman, M.D., of Chicago, died April 15, 1991 at the age of 89. Dr. Perlman was a 1926 graduate of Rush Medical College, Chicago.

**Pierzynski

Boleslaus Pierzynski, M.D., of Elmwood Park, died June 13, 1991 at the age of 86. Dr. Pierzynski was a 1929 graduate of Loyola University Stritch School of Medicine, Maywood.

**Potter

Robert M. Potter, M.D., of Chicago, died April 24, 1991 at the age of 77. Dr. Potter was a 1939 graduate of Rush Medical College, Chicago.

*Pulos

Peter C. Pulos, M.D., of Oak Park, died May 7, 1991 at the age of 73. Dr. Pulos was a 1949 graduate of the Faculty of Medicine, Aristotelian National University of Athens, Athens, Greece.

*Pustelnikas

Anthony Pustelnikas, M.D., of Oak Lawn, died May 7, 1991 at the age of 79. Dr. Pustelnikas was a 1958 graduate of Medizinische Fakultät der Universität Heidelberg, Heidelberg, Baden-Württemberg, Germany.

**Rosenblum

Samuel H. Rosenblum, M.D., of Chicago, died July 2, 1991 at the age of 90. Dr. Rosenblum was a 1926 graduate of the University of Illinois College of Medicine, Chicago.

**Rothenberg

Morris Rothenberg, M.D., of Chesterfield, Mo., died May 14, 1991 at the age of 82. Dr. Rothenberg was a 1938 graduate of Chicago Medical School.

**Sachs

Mandel Sachs, M.D., of Sun City, Ariz. (formerly of Naperville), died December 31, 1990 at the age of 80. Dr. Sachs was a 1936 graduate of the University of Illinois College of Medicine, Chicago.

**Smith

Lyman W. Smith, M.D., of Barrington, died April 10, 1991 at the age of 78. Dr. Smith was a 1939 graduate of Northwestern University Medical School, Chicago.

**Stanley

Dean F. Stanley, M.D., of Decatur, died June 8, 1991 at the age of 93. Dr. Stanley was a 1922 graduate of Rush Medical College, Chicago.

**Steinberg

Milton Steinberg, M.D., of Lincolnwood, died May 4, 1991 at the age of 88. Dr. Steinberg was a 1925 graduate of Rush Medical College, Chicago.

**Strzyz

Joseph J. Strzyz, M.D., of Park Ridge, died April 4, 1991 at the age of 78. Dr. Strzyz was a 1937 graduate of Loyola University Stritch School of Medicine, Maywood.

**Teborek

Roy F. Teborek, M.D., of Batavia, died June 16, 1991 at the age of 77. Dr. Teborek was a 1938 graduate of the University of Illinois College of Medicine, Chicago.

*Warner

Frank B. Warner, M.D., of Mt. Olive, died April 7, 1991 at the age of 77. Dr. Warner was a 1942 graduate of Chicago Medical School.

**Wyness

John A. Wyness, M.D., of Springfield, died April 2, 1991 at the age of 81. Dr. Wyness was a 1938 graduate of Rush Medical College, Chicago.

Taking The Mystery Out of Long Term Disability

"Holmes, here's a Long Term Disability Plan that pays up to \$10,000 per month without taking anything away from the benefits paid by my other plans," Doctor Watson declared.

"Why, that's amazing," Holmes rejoined.

"That's not all, Holmes," Doctor Watson replied. "This Plan even pays for *partial* disability. The period of partial disability counts toward the waiting period if I later become totally disabled."

"Incredible, Watson."

"What's more incredible is it's only test for disability is the inability to perform my own medical specialty."

"How's that possible, Doctor Watson? Your specialty is mystery!"

"Elementary, my dear Holmes. After all, it's just what the doctors ordered!"

There's no mystery to obtaining Long Term Disability protection at low cost group rates from your medical society. Simply call or write the PBT.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the **PBT Long Term Disability Plan** sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

CMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

Illinois Medicine asked members of the Illinois delegation to the American Medical Association annual meeting:

What are the most important issues for Illinois physicians at the AMA annual meeting?



**Jere E. Freidheim, M.D.,
Chicago**

"The National Practitioner Data Bank. We think the National Practitioner Data Bank is not serving the purpose that it was originally designed to serve. We were for dropping it and fortunately [that resolution] wasn't defeated – it's going on to the [AMA] board for decision. We had more support for dismantling the Data Bank than I thought we would."

**Patricia Merwick, M.D.,
Elmhurst**

"RBRVS and the recent HCFA pronouncement of the conversion [factor for] the relative value scale from a budget neutral to one that is an attempt to decrease expenditures on Medicare physician payments. It seems to be the polarizing issue at the convention."



**Manuel O. Guerrero, M.D.,
Moline**

"The very pressing problem at this point is government regulation. Also, AIDS and confidentiality between patients and doctors due to the Supreme Court ruling about when doctors cannot advise patients of [abortion services]. That's pretty bad. AIDS is important because if we think, as we should, patient safety first, it will mean we will have to be sure we are not vehicles for transmitting AIDS in any way. This is a very big problem. I just don't see a solution for it that is going to make everybody happy."



**James Reid,
medical student,
Glenview**

"It's not only compensation to physicians but access to health care. Some of the proposed changes and the reductions of [Medicare rates] paid in large urban sectors may actually drive physicians away."

PHYSICIAN OPPORTUNITY

A Natural Selection

St. Luke's Healthcare Association – a progressive, 418-bed multifacility healthcare system located in Saginaw, Michigan – currently has private practice and hospital career opportunities for physicians in selected areas of specialization.

The Association provides a complete range of specialty care units, including adult and pediatric intensive care, coronary care and emergency care. We operate Michigan's only combined medical/behavioral health center, treating adults, adolescents and children. We recently opened The Family Birth Center™ – a progressive, new, single-room obstetrics unit. And we co-operate in an active residency program affiliated with

Michigan State University's College of Human Medicine.

St. Luke's Healthcare Association is a diverse and growing organization, anxious to meet with physicians interested in pursuing a career marked by a strong administration/physician working relationship and a team approach to patient care.

If you're such a physician, St. Luke's Healthcare Association and Saginaw, Michigan, are natural selections. Contact us today for additional information.

**Call or write Jan Gould,
Physician Recruiter:
St. Luke's Hospital
700 Cooper Ave.
Saginaw, MI 48602
1-800-633-3546.**





Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

March 1991

Timothy Brandt, Burbank – physician and surgeon license placed on probation for two years after misinterpreting data leading to a failure to diagnose a perforated ulcer in a timely fashion.

April 1991

Adolfo Molina, Chicago – physician and surgeon license placed on probation for four years and he was fined \$5,000 after he allegedly authorized durable medical equipment to persons who were not his patients and submitted claims for medical services that were not rendered by him.

Therial Bynum, Chicago – physician and surgeon license suspended indefinitely after he was found guilty of the felony crime of conspiracy in the Circuit Court of Cook County.

M. Gerard Baggot, Granite City – physician and surgeon license suspended indefinitely after he improperly prescribed controlled substances for an extended period of time for the treatment of obesity and depression. His controlled substance license was suspended indefinitely and is not to be restored until his medical license has been reinstated for two years.

Mark Stallman, Chicago – physician and surgeon and controlled substance licenses placed on indefinite probation after he allegedly dispensed controlled substances from his office, failed to maintain controlled substances records and aided and abetted his employees in the unlicensed practice of medicine.

Javier Zavaleta, Chicago – physician and surgeon license placed on indefinite probation and he was fined \$110,000 and his controlled substance license was revoked after he prescribed nontherapeutic controlled substances and failed to keep adequate records, dispensing logs or inventories.

Jose A. Raquel, Terre Haute, Indiana – physician and surgeon license placed on probation for four years and he was fined \$7,500 after he allegedly authorized durable medical equipment to persons who were not his patients and submitted claims for medical services that were not rendered by him.

Renato Tanquilut, Chicago – physician and surgeon and controlled substance licenses reprimanded and he was fined \$4,000 after he prescribed controlled substances without a valid license.

Henry T. Pimentel, Chicago – physician and surgeon license suspended indefinitely after he performed several operations in which he signed another doctor's name to the Public Aid forms because, at the time, he was not eligible to participate in the

Medical Assistance Program. Additionally, for approximately seven years, he was prescribing controlled substances while his license was non-renewed. And on May 11, 1990, he pleaded guilty to vendor fraud in the Circuit Court of Cook County.

Robert L. Rosenfeld, Glencoe – physician and surgeon license reprimanded and he was fined \$5,000 after he was practicing as a psychiatrist without a current license.

Tamer J. Alrifai, Downers Grove – physician and surgeon license suspended for 18 months followed by 18 months probation and he was fined \$10,000 after he allegedly received fees for professional services not actually and personally rendered and filed false records or reports. He also allegedly overcharged for professional services.

John E. Stopka, Chicago – physician and surgeon license reprimanded and he was fined \$2,000 after he allegedly wrote prescriptions for controlled substances without renewing his license. ▲

Auxiliary appointees

(continued from page 2)

Program.

Ginni Pedersen, of Bloomington, Auxiliary third vice president and health projects chairman, was appointed to the Council on Medical Services. Pedersen has held positions of chairman of the Committee on Adolescent and Youth Health Concerns, Fall Conference Committee and was a member of the Long-Range Planning Committee.

Named to the Council on Mental Health and Addiction, Darlene Stevenson, of Quincy, serves as Sixth District councilor on the board. She has been the Auxiliary's benevolence chairman, secretary and director. Stevenson also served as the 1978-80 president of the Adams County Medical Society Auxiliary.

Laura Hays, of Kankakee, was appointed to the Council on Public Relations and Membership Services. Hays, Auxiliary public relations chairman since 1990, has served as editor of *Pulse*, the Auxiliary newsletter for five years. She has also served as first vice president membership

chairman and second vice president. She is active in the Kankakee County Medical Society Auxiliary, and was 1986-87 president.

For several years Kathy Angres, of Westmont, has chaired the Auxiliary's Medical Family Assistance Committee. She has been appointed a member of the Physicians Assistance Committee. Angres has been active in the area of substance abuse and chemical dependency for several years.

Carolyn Kobler, of Rockford, was named to the Committee on Financial Aid to Medical Students. Kobler served as Twelfth District councilor on the board from 1988-90. After serving as the Auxiliary's Members-At-Large chairman for 1990-91, she was installed as first vice president and membership chairman for 1991-92. Kobler was 1985-86 president of the Winnebago County Medical Society Auxiliary. ▲

\$30,000 BONUS OFFERED TO HEALTH CARE PROFESSIONALS

If you are a board-certified physician or a candidate for board certification in one of the following specialties, you may qualify for a bonus of up to \$30,000 in the Army Reserve.

Anesthesiology • General Surgery • Thoracic Surgery
Pediatric Surgery • Orthopedic Surgery
Colon-Rectal Surgery • Vascular Surgery • Neurosurgery

A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a \$10,000 bonus for each year you serve as an Army Reserve physician—for a maximum of three years.

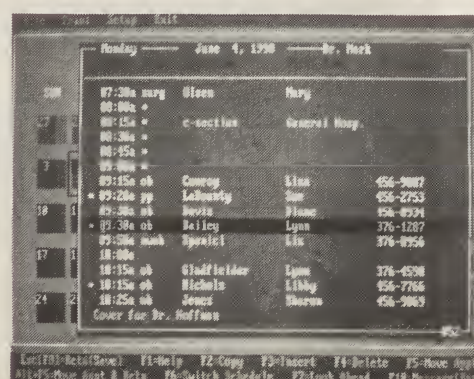
You may serve near your home, at times convenient for you, or at Army medical facilities in the United States and abroad. There are also opportunities to attend conferences and participate in special training programs, such as the Advanced Trauma Life Support Course.

To learn more about the Army Reserve and the Bonus Test Program, call one of our experienced Medical Personnel Counselors:

MAJOR HARRY RUBIN or
MAJOR CHARLES DAWSON
CALL COLLECT: (708) 541-3644

ARMY RESERVE. BE ALL YOU CAN BE.

The Rx For Your APPOINTMENT SCHEDULING Needs!



Introducing PAM THE PROFESSIONAL APPOINTMENT MANAGER

At DOCS, Inc. all we do is appointment scheduling. Our software program is the leader of the industry. PAM is the first dynamic appointment scheduling software designed specifically for the medical practice.

- Easy to use; appearance of on-screen calendar and appointment book; staff love it
- "Cut & Paste" for moving or copying of appointments
- User defined procedures codes and messages can be attached to individual's appointment
- Printouts of daily schedules
- Appointments search – existing or next available opening
- Single or multiple doctor office
- Each schedule customized to doctor
- Demo program \$39.95

DOCS, INC.

74 Jefferson Lane
Streamwood, IL 60107
708-483-2929

Members in the News

by Anna Brown



George T. Wilkins Jr., M.D.

Illinois State Medical Society Board of Trustees Chairman **George T. Wilkins Jr., M.D.**, of Edwardsville, was named to the American Medical Association Council on Ethical and Judicial Affairs during the AMA annual meeting held June 23-27. Dr. Wilkins, who is a trustee from the Sixth District, served many years as a member of the Illinois delegation to the AMA and is its immediate past chairman.

The AMA Council on Ethical and Judicial Affairs consists of nine physicians who serve a single term of seven years. The council interprets the Principles of Medical Ethics of the

AMA, and makes recommendations to the House of Delegates regarding ethical issues in medicine. The council, unlike other AMA committees, investigates all matters pertaining to the relations of physicians to one another and to the public. Moreover, its opinions carry the weight of official AMA policy.

Amalendu Majumdar, M.D., of Forest Park, was appointed chairman of the department of obstetrics and gynecology at Saint Mary of Nazareth Hospital Center in Chicago. Dr. Majumdar is a graduate of Calcutta University, India.

The medical staff of Ravenswood Hospital, Chicago, recently honored **Herschel L. Browns, M.D.**, of Evanston, for 30 years of service. Dr. Browns is a former ISMS president.

Stanley M. Zydlo Jr., M.D., of Palatine, and **Andrew M. Basile, D.O.**, of River Grove, were awarded certificates of appreciation from the Illinois Department of Public Health for performing outstanding acts in

the area of emergency medical services. Both are emergency physicians at Northwest Community Hospital in Arlington Heights.

Eight medical students and five residents were appointed representatives to ISMS councils and committees. The one-year appointments were made by Dr. Wilkins during the June 8 meeting of the ISMS Board of Trustees. Nominations for council and committee appointments are submitted by county medical societies and individual physicians.

Appointed student representatives are: Chicago Medical Society Student Branch Chairman **Richard T. Guttman Jr.**, of Chicago, to the Council on Mental Health and Addiction; **Randall Porter**, of Chicago, to the Governmental Affairs Council; **Stephen G. Krzeminski**, of Downers Grove, to the Medical-Legal Council; **Alan K. Klitzke**, of Rockford, to the Council on Education and Manpower; **Pamela J. McBride**, of Springfield, to the Council on Public Rela-

tions and Membership Services; **Michael T. Pyevich**, of Chicago, to the Committee on Financial Aid to Medical Students; **John Buergler**, of Chicago, to the Physicians Assistance Committee; and **Deidre K. Spicer**, of Evanston, to the Council on Economics. Spicer is a member of the AMA Council on Medical Services.

Resident members joining the ISMS councils and committees are: **Charles F. von Gunten, M.D., Ph.D.**, of Chicago, to the Council on Education and Manpower; ISMS Medical Student Section Past Chairman **K. Gregory Lucchesi, M.D.**, of Chicago, to the Council on Economics; **Steve Callaghan, M.D.**, of Evanston, to the Council on Mental Health and Addiction; **Michael P. Honan, M.D.**, of Springfield, to the Governmental Affairs Council; and Chairman of the ISMS Resident Physicians Section **Marc Duerden, M.D.**, of Chicago, to the Council on Public Relations and Membership Services. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

SE Wisconsin lake country - qualified FP's and internists needed to join prospering practices with many new patients seeking care. Shared call and coverage, capable board certified colleagues, first-class hospital, rewarding and satisfying lifestyle close to Milwaukee, Madison and Chicago. Please contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Ob/Gyn: BC/BE - Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Family practice - hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

ENT - Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Emergency medicine - ER group is in search of a full-time BE/BC EM, FP or IM for an active rural hospital two hours from Chicago. Send resume to Box 2197, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12 hour days, including periodic weekends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Pediatrician. Needed hard working pediatrician to join well-established pediatric group in the far western Chicago suburbs. The earning potential is probably in the top 1 percent of all pediatricians in the country. The community offers excellent school systems, park districts and lifestyle. Please forward CV to Box 2195, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

DeKalb. Immediate opportunity for BC/BP physician. Congenial college community; clinic servicing student health services. Excellent compensation and work environment. Malpractice provided. Please call or fax your CV for immediate consideration to: Diane Temple, EMSO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050, 708/654-2014 fax.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration please call or fax you CV to: Diane Temple, EMSO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050, fax 708/654-2014.

Door County, Wis.: one to two BC/BE internists to join hospital-based physicians' clinic. Modern, 89-bed community hospital with new outpatient services addition. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Exceptional four seasons recreation along Lake Michigan shores. Proximity to Milwaukee/Chicago. Top-rated schools. Quality community life. Send CV to Gerald M. Worrick, Administrator, 330 S. 16th Place, Sturgeon Bay, WI 54235.

Medical director. BE/BC IM or FP Physician needed for medical director at Henry Hill Correctional Center, Galesburg. Directors receive an excellent guaranteed clinical remuneration, administrative stipend and benefit package. If you feel imprisoned by private practice, our opportunity can free you from these headaches. For confidential consideration, call John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John "B".

Joliet. Correctional Medical Systems is searching for a primary care physician to contract their services at the Joliet Correctional Center in Joliet. This practice opportunity allows you to practice medicine without the headache and hassles that often accompany private practice. If you're looking for a change please contact: John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send your CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John "B".

Chicago - EMSO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services, 708/654-0050, fax 708/654-2014.

Family practice Minnesota - physician needed for broad-based practice in exceptional rural community. Shared call, fully equipped and staffed office, outstanding hospital, excellent guaranteed compensation, full benefits, and bonus. Family practice Wisconsin - multispecialty group of 16 physicians seeks BE/BC physician for partnership. Less than one hour from metro area. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121 or call: 612/454-7291.

Internist needed to join one of the leading internal medicine practices in Kenosha, Wis. This is an opportunity to build a strong and vibrant practice within the first one to two years. Office conveniently located on the hospital campus. Kenosha provides an excellent quality of life: many choice yet affordable places to live, superior schools, proximity to recreational facilities, and central location less than one hour from either Chicago or Milwaukee. Compensation competitive including an incentive plan which provides enhanced earning potential. Contact Jan Channon 708/945-7717 or send CV to 1855 H Deerfield Rd., Suite 2300, Highland Park, IL 60035.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Chairman, department of internal medicine – Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy, a major Chicago multi-site medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

St. Charles. Probably the best opportunity for a primary care physician in the midwest. Our full-service medical facility is located in an extremely desirable growing suburb of Chicago. The St. Charles/Geneva community is quaint, yet progressive, financially strong, and very popular with young families. Our facility is state-of-the-art with on site x-ray, lab, pharmacy, surgical, electronic billing and more. We provide 90 percent of primary care needs for our patients and industrial clients – including immediate care. You will have the opportunity to enjoy immediate equity. You will be impressed. Contact Mark Lewis, M.D., 708/377-7979.

Primary care physicians for MOD coverage in central Illinois. Nights and weekends. Light workload. Malpractice covered. Illinois license required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

Primary care physicians: full or part-time opportunities available in southern Illinois or various Missouri locations. Proper licensure required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

Outstanding practice potential awaits a medical oncologist willing to assume a busy practice in service area of 200,000. A 344-bed acute care hospital with experienced oncology unit and staff will sponsor practice option of solo or affiliation with others. Located in medium sized midwestern city with family-oriented community and year round recreation. Community is within 60 minutes of Minneapolis. Income guarantee with other benefits. Why wait? Send CV or call: Jackie Parisot, Gielow/Laske Associates, Inc., 306 N. Milwaukee St., Milwaukee, WI 53202; 1-800-969-7715, fax 414/226-4131.

Several opportunities available in this state for radiologists. Full partnerships available. Practices located on Lake Michigan. All offers include: guaranteed net income up to two years; malpractice insurance; six weeks paid vacation; other inducements and benefits. Please send or fax CV in confidence to Jackie Parisot, Gielow/Laske Associates, 306 N. Milwaukee St., Milwaukee, WI 53202 or call 1-800-969-7715, fax 414/226-4131.

Internal medicine. A prime internal medicine practice awaits you in sunny, metropolitan Phoenix, Ariz. We have additional IM opportunities in picturesque Wisconsin and Ohio. Competitive income guarantee. Available benefits include malpractice insurance, CME allowance, relocation expenses assistance, administrative/financial support and more. For confidential inquiry, call 1-800-969-7715. Dan Jones, Gielow/Laske Associates, 306 N. Milwaukee St., Milwaukee, WI 53202.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Planned Parenthood seeks licensed Ob/Gyns for contraceptive care, gynecological exams and surgical services. PP/CA services include abortion, colposcopy, cryotherapy. Flexible hours at one of five locations. Competitive salary for both surgical and family planning services. Malpractice provided. Mail CV to: Medical Administration Director, Planned Parenthood, 17 N. State St., 15th Floor, Chicago, IL 60602. No phone inquiries.

Family practice and internal medicine: we are a growing, 20-physician multispecialty clinic seeking BC/BE physicians. Guaranteed first year salary with incentive program, signing bonuses, and excellent fringe benefit package. Located in southeastern Minnesota, Austin is a progressive community of 23,000 with public and parochial schools and an excellent higher education system. Call or send CV to Richard Graber, Administrator, Austin Medical Clinic, P.A., 1000 1st Drive NW, Austin, MN 55912; 507/433-7351.

Internal medicine – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Ob/Gyn – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Illinois Medicine/July 19, 1991

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Illinois – general surgeon BC/BE. Progressive 209-bed JCAHO hospital serving 150K, three hours from Chicago, two hours from St. Louis and Indianapolis, seeks additional surgeon. Area offers economically sound community providing excellent schools (nationally recognized elementary school), a four-star lake resort, state parks, beautiful housing with well-manicured lawns and family oriented, safe lifestyle. Generous financial/income package with excellent income potential and quick start-up time. Contact: Stephen Shasteen at 1-800-333-3910, or send CV to: Tyler & Company, 9040 Roswell Road, Atlanta, GA 30350, or fax 404/641-6414.

Is this the ideal country practice for you and your family? Picturesque, prosperous Illinois community of 5,000. Hospital in town. 30 minutes from the University of Illinois with medical school affiliation possible. ER coverage and some specialty coverage available. Internal medicine or family practice (BC/BE). 217/367-1044 for a sound investment.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Medical office building in downtown Collinsville for lease or purchase. 2,600 square feet includes five examination rooms, x-ray room, lab room, ample parking. Phone 618/346-4707.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

For sale: Abbott Vision System and supplies, two years old. Priced to sell. Call 815/226-8035.

Well-equipped laboratory in professional building in midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

A medical practice and a two-office medical building with parking lot for sale. Easily accessible to transportation. North Evanston, 708/475-2611 or 708/864-6491.

Start or expand your practice. Great location and area for your business in the heart of expanding N.W. suburbs. Competitive rates. Call Century 21 – Halvorsen/Fred Kunz, 708/991-7886.

Sublet doctor's office, 680 N. Lake Shore Drive, Chicago. Ideal – psychiatrist, social worker, psychologist, reception. Five rooms, laboratory, storage 1,005 square feet. 312/943-5405.

Buy direct and save hundreds of dollars! Brand name ECGs single and multi-channel, with or without interpretation, stress capable – and defibrillators – with thermal-array recorder, two-trace monitor with freeze, and 12 lead ECG capability. Buy or lease. Five-year factory warranties. Call 312/794-1749.

Fifteen-room deluxe medical suite for rent. Parking facilities. 103rd and King Drive, Chicago. Contact Margaret Avance, 312/568-1111.

Elgin. Medical space available in fast expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Near lake. 32-unit courtyard building, two penthouse apartments with elevators, indoor garage, no deferred maintenance, nets \$160,000, asking \$1,225,000. East Rogers Park. Cash machine – 32 units plus nine stores, new boiler, many improvements, nets \$115,200, asking \$885,000, assumable mortgage at 10 percent, possible owner second. Remax Exclusive Properties – Chuck Stupartis, 312/918-2266.

Equipment for sale. Quinton treadmill system – new electronics board – excellent condition – selling price: \$10,000. Call Suburban Cardiologists, 708/325-9010 (Eileen).

Office space for lease. Oak Forest. Professional/ business office space for lease. Suites 900 to 2,200 square feet/elevator building. Near RTA/Metra/x-way. Rate extremely competitive. 708/687-5200.

Miscellaneous

Medical billing, insurance filing: we provide fast accurate and courteous billing service with account confidentiality and complete follow-up. For all your billing needs, Medicare Public Aid, HMOs or private insurance please contact LNJ Automated Data Services, 834 E. Rand Rd., Suite 2, Mt. Prospect, IL 60056 or call 708/870-0525.

Executive Management Associates ... an affordable alternative. Experienced consultants specializing in private and public insurance billing and collection. Professional prompt service. 708/524-4696.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-933-7598 (24 hours). Alan D. Kirscher, M.A.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

❑ Largest pool of available physicians in the nation

❑ Network of 7 regional offices nationwide

❑ Expertise that produces unparalleled results in recruiting quality physicians

❑ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



WITHOUT AN AGGRESSIVE INSURER, THIS COULD BECOME ESSENTIAL READING.

When you're facing a lawsuit it's no time to wish you knew more about legal precedent. And it's no time to question your insurer's commitment to launch a vigorous defense.

The Exchange has earned the confidence of its policyholders. As the state's first physician-owned insurer, we were not created to settle claims without merit. As the state's largest malpractice insurer, we are uniquely experienced in managing your defense.

Since 1976, we've closed 74% of our cases without an award to the plaintiff.

Our team approach – physician, defense attorney and professional liability analyst – improves the level of service to policyholders and reduces the emotional consequences to the individual physician. Our specialists and support groups are there to provide options and personal guidance.

We instill confidence. After all, lawbooks were never intended for do-it-yourselfers.

ISMIE

*Part of the solution.
Not part of the problem.*

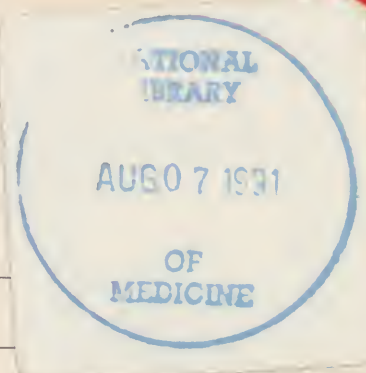
Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

79622
26

Illinois Medicine

August 2, 1991

ILLINOIS STATE MEDICAL SOCIETY



PREP panel
seeks fair peer
treatment..... 6

CDC issues long-awaited HIV guidelines

Illinois HIV bill preserves confidentiality

by Tamara Strom

WHAT SOME ARE calling the nation's most stringent HIV disclosure bill is now on Illinois Gov. Jim Edgar's desk. The bill cleared both houses of the Illinois General Assembly in the second overtime week of the spring session with only five dissenting votes.

Although the bill contains tough requirements mandating that at-risk patients be told of their health care provider's HIV infection, it safeguards physician-patient confidentiality. Bill supporters also point to the case-specific notification of patients: Only those patients who have undergone invasive procedures and are therefore at possible risk for HIV transmission would be informed.

"The bill is moderate and measured. Despite the incredibly small risk of HIV transmission in doctors'

(continued on page 14)



U.S. Sen. Alan J. Dixon (D-Ill.) greets patients at Cook County Hospital's Fantus outpatient clinic. Dixon was in Chicago July 15 promoting legislation aimed at informing poor senior citizens and disabled patients about their right to receive state-paid Medicare benefits. See story, page 2. ▲

Some restrictions, voluntary testing urged for at-risk health workers

WITHIN HOURS OF Illinois lawmakers passing HIV-disclosure legislation, the U.S. Centers for Disease Control July 15 released its long-awaited HIV-testing and practice guidelines for health care workers. The federal guidelines closely resemble the Illinois bill.

Although the regulation of medical practice is left up to the states, these federal guidelines are expected to strongly influence professional standards and requirements, and possibly future legislation.

According to the new CDC guidelines, health care workers who perform "exposure-prone" procedures should voluntarily be tested for HIV. And although stricter than some had anticipated, the guidelines reject mandatory testing. Instead, CDC calls for all health care workers who come in contact with patients' blood to voluntarily determine their HIV status.

The guidelines also cover hepatitis B, a more common infection than HIV in health care settings and 100 times as virulent as the AIDS virus. In the case of HBV, CDC recommends all health care workers be vaccinated against the virus before they come in contact with patients.

"Patients deserve accurate information and they deserve the best measures to protect them from disease transmission," said U.S. Health and Human Services Secretary Louis W. Sullivan, M.D., in announcing the guidelines. CDC operates as a component of the Public Health Service under HHS.

Like the Illinois bill awaiting Edgar's signature (See story, page 1), CDC guidelines suggest doctors, dentists or other medical providers

Wm. Daniels/The Photo Partners

ISMS weighing in on RBRVS implementation fight

by Tamara Strom

THE ILLINOIS STATE Medical Society is weighing in with the American Medical Association to fight the proposed implementation of the resource-based relative value scale Medicare payment system.

At issue is the U.S. Health Care Financing Administration's proposed rule that would govern RBRVS. As proposed, the rule is in reality a government budget-cutting tool, not a budget-neutral payment system as promised by Congress.

The AMA is requesting a major grass roots campaign, involving all levels of organized medicine, to convince HCFA to change the RBRVS conversion factor. As proposed, the

conversion factor will result in 16 percent rate cuts in physician payment by 1996. The AMA and ISMS contend that Congress intended RBRVS to be a budget-neutral Medicare payment reform system, not a cost-saving measure.

"ISMS is coordinating the effort in Illinois to bring as much pressure to bear as possible on the Bush administration through the Illinois congressional delegation," said ISMS President Robert M. Reardon, M.D. "Our goal is to make the federal government live up to its promise of making RBRVS budget neutral.

"We recognize that changes affecting every physician's reimbursement will occur even if a budget-neutral RBRVS is implemented, but the total

reimbursement to physicians in Illinois should remain the same," Dr. Reardon added. "We can't let the federal government get away with using the shift in reimbursement as a cost-cutting mechanism. We're committed to providing quality care to our Medicare patients. But in order to do that, the government must play fair with us by not cutting reimbursement for physician services."

Pressure on Illinois delegation

At AMA's request, ISMS is zeroing in on Rep. Robert Michel, the House Republican minority leader from Peoria, soliciting his help in correcting the rate-slashing aspects of RBRVS. ISMS has asked Michel and

(continued on page 10)

(continued on page 13)

In this issue

News Briefs2

Many Illinoisans not
getting Medicare benefits ...2

Budget agreement restores
some health care cuts3

Letters to the Editor5

Case in Point.....7

Medical students
prepare for future
with organized medicine9

Physician referral program
a success11

3 DIGIT SCF 208
NATIONAL LIBRARY OF MEDICINE
SERIALS
TSD - ROCKVILLE PIKE MD 2
BETHESDA

Copley withdraws new hospital application from planning board

Aurora's Copley Memorial Hospital July 11 temporarily withdrew its application to the Illinois Health Facilities Planning Board to build a replacement hospital in Fox Valley Villages. Citing an "uncertain regulatory environment" on the board because Gov. Jim Edgar has not yet appointed new planning board members, Copley officials called their application withdrawal a temporary setback.

"Although Copley is withdrawing its application, it is doing so only as a parliamentary move," said hospital President and Chief Executive Officer Chet McKee. "We have had no change of heart regarding our Fox Valley location."

"In fact, we are more committed than ever to building our replacement hospital at that site," McKee continued. "As soon as the regulatory climate becomes more settled we will resubmit our application."

The proposed move across planning lines in DuPage County unleashed a storm of controversy last fall when two other area hospitals — Edward Hospital and Central DuPage Hospital — opposed Copley's plan. They claimed another hospital in the area would cause a glut of available health services, resulting in higher costs for residents.

At Copley's first appearance before IHFPB in February, board members voted an intent to deny the hospital's certificate of need, saying that some aspects of the proposed hospital did not meet state guidelines.

Some board members also expressed concern that DuPage already had enough hospitals and that Copley would be abandoning the poor inner-city Aurora population for the more affluent patients of DuPage County.

Copley officials dispute the claim that the hospital would be leaving its Medicaid patients behind, saying

their new service area in the Fox Valley Villages neighborhood of east Aurora would remain virtually the same. Copley's proposed move received the support of the Aurora Chamber of Commerce and City Council.

Christ Hospital seeks approval for new surgical center in Oak Lawn

Christ Hospital and Medical Center in Oak Lawn is planning construction of a \$45 million surgical wing. Hospital officials said they anticipate the proposed 198,000-square-foot, four-story wing will accommodate the 45 percent increase in demand for surgical services the hospital has experienced in recent years.

Although ground breaking is slated for spring 1992, the project must still gain approval from the Illinois Health Facilities Planning Board.

The new center, to be constructed adjacent to the hospital emergency room, would replace the hospital's current surgical facilities, including operating rooms, recovery rooms and intensive care units for general surgery and adult and pediatric cardiothoracic surgery patients.

The close proximity to the emergency room would allow easy access to trauma care and radiology services, resulting in better care for patients and efficiency for the medical staff, said hospital President Ronald W. Struxness.

An 827-bed member hospital of Evangelical Health Systems, Christ Hospital and Medical Center is a Level I trauma center for adults and children and a Level III perinatal center. EHS officials said the planned \$45 million hospital addition is the largest capital improvement project the system has undertaken to date. ▲

— Compiled by Tamara Strom

100,000 Illinoisans not getting Medicare benefits they deserve

by Tamara Strom

MORE THAN 100,000 Illinois residents are not taking advantage of Medicare Part B benefits because the government is not telling them state-paid coverage is available, said U.S. Sen. Alan J. Dixon (D-Ill.). More than 2.2 million seniors nationwide are not receiving the benefits under the Qualified Medicare Beneficiary (QMB) program, Dixon said during a July 15 press briefing in Chicago.

Because the government has not informed low-income seniors about their right to obtain state-paid Medicare Part B premiums, millions of older Americans are either paying their own premiums or going without medical care, Dixon said. Part B covers outpatient care, including physician services.

"There are 2 million people in this country and over 100,000 people in our state — poor people — who are entitled to this medical treatment right now who aren't receiving it," he said. "I'm not here mandating a new program or advocating a new program. I'm saying we've got a very good program that can take care of a lot of people who are in need."

"I think this is just terrible," he continued. "Poor people aren't getting a benefit, a health benefit. There is nothing we are talking more about in Washington than doing something about the health crisis in America." In light of Capitol Hill attention on health care reform, Dixon said, it is imperative that the government implement the health care programs already on the books, such as QMB.

Under the program, seniors who earn less than \$6,200 a year for individuals and \$8,000 a year for couples, are eligible to have their Medicare Part B premiums paid for by Medicaid. Dixon added that Medicaid would also pay any necessary deductibles and co-payments for eligible seniors and disabled people with limited assets.

Eligible seniors who do not take advantage of QMB pay the \$29.90 monthly premium as a deduction from their Social Security checks. He said this adds up to \$358.80 a year "out of the pockets of the terribly poor people of America."

Dixon made his comments during public appearances at Cook County Hospital and St. Mary's Hospital in East St. Louis, institutions that care for large numbers of needy patients.

Bill would mandate seniors be told

After touring the hospitals' outpatient facilities on July 15, Dixon introduced legislation the next day in Washington mandating that the U.S. Department of Health and Human

Services inform all Medicare applicants about the QMB program. In addition, HHS would be required to provide a "clear and simple explanation" of the program in its annual mailing to Medicare beneficiaries. The requirements outlined in Dixon's bill are "not a big deal," he said, noting that they would not cost the government or taxpayers more money because the benefit is already accounted for under current law and budget agreements.

"What is a big deal is that there are thousands of people out there that aren't going to their doctors for treatment because they don't know about the benefit," Dixon said.

He blamed Social Security offices and state public aid offices for not volunteering information about the availability of the state-paid benefits. "One would think that when people go into the public aid office or into a Social Security office that a person there would say to them, 'Do you know about this benefit?' or 'Are you aware of the fact that you have this benefit?' But I guess a lot of people just don't do that," Dixon said. "I do honestly believe it's an oversight [that people are not being informed]." He rejected the notion that Social Security and public aid administrators are keeping the program under wraps as a cost-cutting measure.

Illinois Department of Public Aid officials disagree with Dixon's claims that they are not informing applicants about the program. In addition to mailings sent to beneficiaries when QMB was established in 1988, IDPA works with the Illinois Department on Aging to spread the word about the program, said spokesman Dean Schott.

All public aid hot line operators have been trained to provide callers with information about the program, including explaining the income guidelines and directing applicants to local public aid offices to sign up for the benefits. Operators also mail out applications to seniors for them to complete at home, he said.

Currently, more than 80,000 Illinois residents qualify for QMB and Schott said IDPA is "helping them to meet their Medicare premiums." But, he added, the department has no way of knowing how many eligible seniors or disabled people are not receiving the benefits. "Not every senior citizen would qualify," he explained. "It depends on their income and assets. Because of that we don't have all the information to determine how many more are eligible. Nevertheless, we do spread the word whenever we can." ▲

Physician Facts

International medical graduates

by selected states in 1986

State	1986	% change 1983-1986
California	12,575	22.5
Delaware	398	-0.7
Washington, D.C.	653	0.6
Florida	8,884	22.4
Idaho	37	32.1
Illinois	8,804	2.1
Nevada	223	-5.9
New Mexico	358	23.4
Ohio	5,762	1.9
Utah	159	40.7
Wyoming	44	2.3

Source of data: American Medical Association, 1988

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Budget agreement restores some proposed health care cuts

by Tamara Strom



WHEN IT WAS all over, members of the Illinois General Assembly passed a budget accord hammered out by the legislative leadership and the governor 19 days into the overtime spring session. And when lawmakers finally headed home July 19, they had restored some of the health care cuts Gov. Jim Edgar proposed when he presented his version of the state budget in March.

Although the new budget was built around the headline-grabbing issues of property tax relief for Chicago's collar counties and renewal of the income tax surcharge, several actions voted on by the legislators will affect physician reimbursement.

Cutting the Illinois Department of Public Aid budget to save the state about \$182 million resulted in a 5 percent rate cut in the physician line, totaling \$9 million. The legislators, however, did restore about \$9.5 million to the General Assistance program earmarked for physician services.

Hospitals and long-term care facilities also face the overall 5 percent rate reduction, but a compromise hospital assessment program aimed at leveraging federal dollars should blunt the effect of those cuts. In addition, long-term care facilities will lose about \$68 million in support costs and from elimination of the Quality Incentive Payment program that rewards those institutions providing superior care to residents.

While the governor has pledged to speed up the Medicaid reimbursement cycle to 60 days, a provision in the budget agreement exempts public aid payment from the Prompt Payment Act. Therefore, if for some reason the state does not pay its bills on time, providers will not be entitled to interest on the late reimbursements, as they were in the past. Little, if any, interest was ever collected by physicians under the act.

To save \$55 million, the lawmakers eliminated funding for the Aid to the Medically Indigent program as the governor recommended. But they restored funds to cover "optional" medical services for children, such as dental care, laboratory tests, prescription drugs, medical appliances, hospice care and eyeglasses.

Legislators also decided to fund three public health programs the governor had placed on the chopping block — the Illinois Cancer Council, and hemophilia and renal assistance programs.

Illinois will try its hand at managed care with a program aimed at saving \$27 million by monitoring heavy Medicaid service users. Of the total savings, \$4 million is expected to come from fewer physician visits by these frequent patients. IDPA also will implement a drug utilization review program as stipulated in federal mandates to save \$5 million. In addition, senior citizens in the state's "circuit breaker" program will now be responsible for a co-payment for prescription drug purchases.

To shore up any budget shortfall that might arise during this fiscal year, the General Assembly autho-

rized the governor to tap into several categories of designated funds, one of which is targeted for medical disciplinary efforts. The Illinois State Medical Society opposes use of these funds as stopgap General Revenue funds. Additional legislative actions this session also affect health care provision in Illinois.

Key legislation stalled or defeated during the spring session ... As reported in prior legislative updates, the following bills have been side-tracked and/or defeated. This does not, however, rule out their reappearance during the General Assembly's fall veto session.

- Legislation removing the current

statutory requirement for **physician participation in executions** did not clear the General Assembly before it adjourned. The concept was supported by ISMS House of Delegates policy. H.B. 1642 had cleared the House, but stalled in the Senate Judiciary Committee for two reasons: opposition from the Department of Corrections and enthusiasm from a wide variety of paramedical professionals who requested inclusion in the bill;

- State government-run **universal health insurance**;

- **Conditional licensure** for physicians not fully meeting licensure requirements;

- **Mandatory Medicare assignment**;

- **Pre-judgment interest**;
- **Pricing restrictions** for physician services;
- **Statute of limitations expansion for contributory negligence**;
- Increasing the liquor tax to create a Trauma Care Assistance Fund (ISMS supported; House policy);
- Prohibition on insurance requirements for using **mail order pharmacies** (ISMS supported; bill consonant with House policy);
- **Mandatory motorcycle helmet use** (ISMS supported; House policy);
- Appointment of a **non-physician county health official** after documented attempts to recruit a physician have failed (ISMS supported);

(continued on page 10)

Blue Cross Blue Shield



REPORT

FOR *Illinois Physicians*

CLAIMS LAW FORBIDS FILING FEE

Last September federal law mandated that Medicare claims for covered Medicare services be completed and filed by the provider of service without charge to the patient. Beneficiaries have complained that they are being charged for completion of the claim form. Providers should review their office policies to be certain that patients are not charged for the completion and/or filing of the Medicare claim form.

TOLL-FREE TELEPHONE LINES REMOVED

As previously published, toll-free telephone service for providers was eliminated June 1, 1991, except for those who submit electronic claims. As a result, numerous providers are improperly attempting to utilize the beneficiary toll-free line. Providers are asked to refrain from using this line as it is specifically reserved for use by Medicare beneficiaries. Based on instructions from the Health Care Financing Administration, the carrier cannot allow providers to utilize the beneficiary toll-free line.

"UNBUNDLING"

Separate fees should not be billed to Medicare patients for surgical trays or use of an 'operating room' when surgery is performed in the doctor's office. Currently, surgical trays and the use of an 'operating room' are part of the surgical package and not billable separately. Physicians may not notify patients that these items are not covered by Medicare and bill patients additionally.

IMPLANT DEVICES PAID BY PART A, NOT PART B

Charges for cochlear implant and defibrillator devices are included in the hospital's prospective payment from Medicare Part "A" even though, in the instance of a speech processor, the item usually is not received by the patient until several days after discharge from the hospital. Medicare Part "B" will deny any defibrillatory or cochlear implant devices or services in support of surgery. However, the physician's surgery charges remain payable under Part B. Also, if the physician substantiates that a replacement was implanted in the physician's office, Part B will pay that claim.

GROUPS SHOULD GIVE MEDICARE NOTICES TO MEMBERS

Parties that receive payment for physicians' services rendered under assignment are hereby advised to give the physician all Medicare program notices which are sent to the group under the physician's billing number (shown on the address label).

The carrier has learned that the Medicare B Bulletin, the Provider Handbook, and other Medicare mailings do not reach all the physicians who have their own billing numbers but have payments made to a different party, such as a group, for services rendered under assignment. The mailings constitute official program notification. They are sent to the same party that receives checks for the physician's assignment services. The physicians are not being given the opportunity to be informed if Medicare notices are not forwarded to them.

(8/2/91)

Editorials

Re: RBRVS Let's bring back Ginger Rogers!

If anyone reading this even remotely supports the concept of national health, if a single member of the cheering section for the Canadian system is reading this, we hasten to direct your attention east, toward Washington. The release of the proposed RBRVS Medicare reimbursement plan highlights anew the futility of managing a health system by mandate of Congress, administration by bureaucrats and performance review measured by the bottom line.

Elsewhere in this issue of *Illinois Medicine* you will read of organized medicine's fury at the proposed payment plan. Physicians once again feel singled out, double crossed and damned by the tripling effect. The intent of Congress, medicine insists, was budget neutrality. But instead of following congressional intent, HCFA turned its RBRVS rulemaking into an exercise in budget cutting.

This is what happens when you turn a program over to Washington: The difference between concept and execution can be breathtaking. It's as if Congress decided – and medicine reluctantly agreed – that what we needed was the physician compensation version of a blonde actress who could sing and dance. Then the doctors went home, thinking of Ginger Rogers, and Congress turned the project over to HCFA, who developed and presented – Madonna?

What medicine feels is beyond anger. Physicians feel, once again, betrayed by the very agencies in Washington that are designated to manage health and human services. If the intent was cost cutting, RBRVS would have been handed over to the OMB. Now medicine faces the challenge of convincing Congress to pressure HCFA to put Madonna back in the video where they got her and bring back Ginger Rogers.

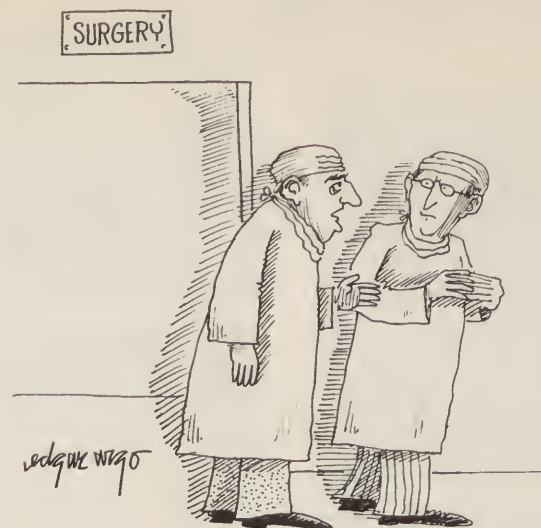
Our point: Do not deceive yourself that a national health plan would be managed with any more finesse than the RBRVS proposal. As a former HHS undersecretary pointed out, a national health program would be administered with all the warmth of the IRS and all the efficiency of the post office.

No one at HCFA or in Congress seems to realize yet the true cost to patients in the proposed system. Reducing physician compensation does not increase access, no matter how selfless physicians are. The AMA predicts that in some states, in some instances, the new Medicare rates will fall below Medicaid rates, a fact that cannot help but discourage physicians.

And while most coverage of the RBRVS proposal in the professional press has focused on percentages and dollars, in the back of our collective consciousness is the fact that the full price of this mismanaged proposal will be paid in the health of our senior citizens.

So if anyone out there honestly thinks the folks in Washington would do a fair and humane job of running a national health care system, look again at RBRVS.

Asking Washington to develop a blonde actress version of a national health care program could net us anything from Lassie to Frankenstein in a fright wig. The doctors of Illinois care too much about their patients to take a chance like that. We won't be fooled again. ▲



"I'm glad that's over. An inch either way and I'd have been out of my specialty."

President's Column

Physician leaders – a celebrated tradition



Robert M.
Reardon,
M.D.

As members of the Second Continental Congress, physicians James McHenry, M.D., of Maryland, and Hugh Williamson, M.D., of North Carolina, helped write and then sign the Declaration of Independence in 1776. They became involved – risking all they had – knowing that if the colonies lost the Revolutionary War, they could be tried for treason and executed as traitors. They signed the Declaration of Independence because they felt an obligation to mankind akin to that implicit in the Hippocratic Oath: They felt their obligation to the future was greater than their own personal interests.

Four other physicians also signed the Declaration of Independence: Josiah Bartlett, M.D., of New Hampshire; Lyman Hall, M.D., of Georgia; Benjamin Rush, M.D., of Pennsylvania; and Matthew Thornton, M.D., of New Hampshire. Even before Revolutionary times, physicians were leaders in shaping our history. They contributed not only to the health of the new nation, but also served as academic, spiritual and political leaders in their communities.

We must return to the tradition of political involvement exemplified by Dr. McHenry and Dr. Williamson and not allow ourselves to become complacent. At no time in history has our participation in politics and government been more vital.

As we enter the last decade of this century, we are standing on the brink of a new era. From RBRVS to PROs, more and more third parties are encroaching on our independence – and our ability to practice medicine freely. We need to have the courage to get involved, just as those Revolutionary War-era doctors did, regardless of the cost. If we do not, we will suffer the fate our forefathers fought against – we will lose our representation in the halls of government, our freedom to practice independent of outside interference and our most precious liberty:

our ability to work one-on-one with our patients.

During the Bicentennial Congress of 1976, one of the three physicians serving during that session, Walter Henry Judd, M.D., of Minnesota, observed: "I often wish that more officials had the training and experience of physicians. Years of scientific discipline and daily experience with human beings under stress or in pain have given most physicians: Habits of thought – cool heads; Attitudes toward people – warm hearts; Capacity to make decisions – courage; Capacity to carry through – even greater courage. These are precisely the qualities our nation so sorely needs in its leaders today – and unfortunately so seldom finds."

Let's get more involved on all levels. Talk to children in schools and give them information not only about the field of medicine, but also on the impact they as individuals can have on their future health. Take time to volunteer at clinics treating the indigent, giving your time in an effort to reach out to your community. Get to know your legislators; let them get to know you and your concerns.

When we accept our responsibilities as leaders, as committed professionals willing to sacrifice free time, practice time and personal time for political involvement, we serve a dual role. By bringing medicine's perspective and knowledge to the halls of government, we serve as an example to the American people, our patients, of the importance of individual involvement. Extending our participation in political and legislative affairs is another way we fulfill our roles as leaders, educators, and advocates for our patients. ▲

Robert M. Reardon, M.D.
President

Illinois Medicine

VOLUME 3, NUMBER 14

AUGUST 2, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 200-A, Hinsdale, Illinois 60521. Phone: 708/655-2602.

LETTERS TO THE EDITOR

present at an execution. I think it would be good if specific reasons were given why we have decided that this conduct is unethical.

I would like a short statement giving the reasons.

Leo R. Green, M.D.
Alton

Editor's note: The 1991 ISMS House of Delegates resolution on physician participation in state executions quotes the American Medical Association's policy statement on capital punishment that "... a physician, as a member of a profession dedicated to preserving health when there is hope of doing so, should not be a participant in a legally authorized execution." The ISMS reference committee report on the resolution also stated that "an

individual's opinion on capital punishment is the personal moral obligation of the individual," which also reflects AMA policy.

Nauseous vs. nauseated

At the risk of being branded a pendant, I ask that you note the inappropriate use of the word "nauseous" [in the "Case in Point," June 21 issue].

The patient, were he still alive, might very well sue for defamation of personality!

David B. Littman, M.D.
Highland Park

Editor's note: Dr. Littman, the newest member of the Illinois Medicine committee, was not alone in catching our error. Donald G. Parkhurst, M.D., of

Kankakee, also noted the incorrect use of "nauseous," meaning "causing nausea," instead of "nauseated," which means "suffering from nausea."

The silent majority?

Cheers and congratulations to you for publishing the letters from Dr. James Ford and Dr. James Gottemoller on their anti-abortion stand! (*Illinois Medicine*, May 24).

I am certain that the views expressed in their letters, together with my own, represent a huge number of physicians (the silent majority?) who feel as I do — that abortion is murder, nothing less.

Norbert J. Weber, M.D.
Chicago

Why unethical?

I was surprised to see that the Illinois State Medical Society voted that it was unethical for a physician to be

Her anxiolytic is working— but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.

That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)¹
...without inducing significant cognitive² or functional impairment*
...without producing a benzodiazepine withdrawal syndrome³ upon discontinuation

Effective choice for anxiety

BuSpar®

Tablets, 5 mg and 10 mg

(buspirone HCl)

for a different kind of calm



*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A.

MJL8-4237R2

BuSpar® (buspirone HCl)

References: 1. Newton RE, et al: A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B):17-21. 2. Lucki I, et al: Differential effects of the anxiolytic drugs diazepam and buspirone on memory function. *Br J Clin Pharmacol* 1987;23:207-211. 3. Lader M: Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(SA):20-26.

Contraindications: Hypersensitivity to buspirone hydrochloride.

Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: **General**—Interference with cognitive and motor performance: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers—Administration to nursing women should be avoided if clinically possible.

Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): Commonly Observed—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea, miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: **Cardiovascular:** Tachycardia/palpitations 1%. **CNS:** Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. **EENT:** Blurred vision 2%. **Gastrointestinal:** Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. **Musculoskeletal:** Musculoskeletal aches/pains 1%. **Neurological:** Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. **Skin:** Skin rash 1%. **Miscellaneous:** Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. **Cardiovascular**—Frequent: non-specific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. **Central Nervous System**—Frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. **EENT**—Frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. **Endocrine**—rare: galactorrhea, thyroid abnormality. **Gastrointestinal**—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. **Genitourinary**—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. **Musculoskeletal**—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. **Neurological**—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. **Respiratory**—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. **Sexual Function**—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. **Skin**—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. **Clinical Laboratory**—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. **Miscellaneous**—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccups.

Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: Controlled Substance Class—Not a controlled substance. **Physical and Psychological Dependence**—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: Signs and Symptoms—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.
U.S. Patent Nos. 3,717,634 and 4,182,763

Mead Johnson
PHARMACEUTICALS

A Bristol-Myers Company
Evansville, Indiana 47721

PREP physicians seek quality, fair treatment for peers

by Anna Brown

A PHYSICIAN WHO has been sued is usually not a bad doctor. This is the credo of the Physician Review and Evaluation Panels (PREP) of the Illinois State Medical Insurance Services.

"We have a commitment to our policyholders," says Harold L. Jensen, M.D., chairman of the Illinois State Medical Inter-Insurance Exchange Board of Governors. "We want to make certain they are fairly underwritten, and peer review is part of this process. Unlike commercial insurance companies, the Exchange

is owned and operated by physicians who live and practice medicine in Illinois. Part of the Exchange's service to policyholders is to help prevent losses, to reduce losses, and to improve the malpractice climate in Illinois."

PREP provides medical expertise to the underwriting process for Exchange policyholders. The three PREP panels represent Cook County, northern and southern Illinois. Seven members serve one-year terms on each panel, and may be reappointed annually by the ISMIS Board of Directors. Each panel convenes monthly or bimonthly as needed to

review about 10 cases that have been closed with a settlement, or that were referred by the ISMIS Underwriting Committee. Consultant physicians are brought in as necessary to review specialty cases not represented on the panel. Probably the best aspect of PREP for physicians is the fact that panel members are all active, practicing physicians.

"Commercial insurance companies probably do not have this kind of review by practicing physicians," says Vasanth M. Surath, M.D., of Chicago, a PREP member for the last 10 years. "They may have somebody looking at a case from a physician's point of view, but we are unique in the sense that we have peer physicians who are in practice locally, who are looking at the cases in a committee forum in democratic discussion."

Step-by-step review

The process PREP follows in reviewing a policyholder's case is not mysterious. As a veteran PREP physician who has lent his expertise in the fields of both emergency and internal medicine, Dr. Surath tries to ease qualms physicians might have about reviewing procedures. "Doctors should be confident that they are being addressed by their peers who are in practice, not by academic physicians or researchers. These are their own colleagues," he says.

"We always try to put ourselves in their position," says committee member Ulrich F. Danckers, M.D., of River Forest. "This is easy for us to do, because many of us have had brushes with lawsuits ourselves. We know the difficulty of coping with being sued. We are very sympathetic."

A case closed with indemnity is referred to a committee member or a consultant in the same specialty. Several weeks before the PREP committee meeting, that physician reviews the entire insurance profile of the policyholder, not just the case in question.

"At the meeting the reviewing physician presents the case in detail, reviewing the aspects of patient care, and other members will ask questions," Dr. Surath notes. "In the end, the panel decides whether the policyholder has performed adequately from a medical point of view, and whether there is any question regarding the quality of the care that he or she has provided."

If the committee determines some corrective or educational action is necessary, there are several avenues PREP can follow, including levying a premium surcharge of between 5 percent and 200 percent. Surcharges are only assessed if the committee decides some aspect of the medical care delivered was in question, Dr. Danckers says, stressing that jury verdicts generally do not play a part in adding a surcharge to a policyholder's premium.

"We have sound principles that we follow in assessing surcharges," Dr. Danckers notes. "We do not consider surcharges a way of increasing insurance company revenues. They are not an attempt to recover lost money as a result of jury verdicts. They are simply an educational tool to draw the physician's attention to short-

comings we find. Surcharges are a way of stressing the need for a change in a physician's practice."

In addition to levying surcharges, the committee also might decide to restrict coverage, monitor a current policyholder for a period of time, or recommend risk management assistance. Although it rarely does so, PREP can recommend termination or non-renewal of a policy.

"In cases of criminal behavior where the doctor has broken the law, or in cases of gross and willful misconduct, we have no choice," Dr. Danckers says of the committee's rare decision to terminate or not renew a policy. "If we see a pattern of negligence, we may have to take extreme action. But it is always something bad and very out of the ordinary before we make that decision."

"If we find no problems with the quality of the medical care provided, the case is basically finished and we do nothing further," adds Dr. Surath. "But if the committee members find that there is a problem with the quality of medical care that is provided, they are certainly not hesitant to assess the surcharge."

Policyholders have the right of appeal

Policyholders are allowed several opportunities to appeal decisions by PREP in a process that allows physicians every chance to further explain the case. Both surcharges and restrictions may be appealed, but the appeal must be filed within four months of the committee's decision.

In the most serious cases, those in which a recommendation for non-renewal or termination is considered, PREP requires a personal appearance by the policyholder before the committee. This is to ensure that the physician has a personal opportunity to meet with his or her peers before such drastic action is taken.

Dr. Surath stresses that physicians need not fear appearing before PREP. "Often physicians are anxious and tend to look at it as an intimidating process," says Dr. Surath. "The best way a physician can help himself is to get very familiar with the case and come in front of the PREP ready to explain the facts that are not in the medical records. We can't get 100 percent of the information from the charts. A comfortable presentation with the facts outlining the situation can really help in the appeal process."

Dr. Danckers adds that if physicians believe an action taken by PREP is unfair, they should appeal and ask for a meeting with the committee. "Sometimes the committee may not know all the facts of a case until the physician comes to a meeting," he explains. "Physicians should not shy away from the appeal process. In reality, very rarely is a surcharge ever increased after a personal appearance."

Physician protection, support

"The Exchange is helping patients as well as physicians through PREP's quality review activities" says Dr. Jensen. "Physicians need to be protected and supported and we are here for that purpose, but definitely not at the expense of the patient." ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

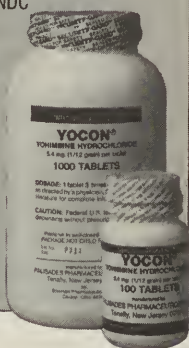
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**

219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Editor's note: Recently the Anesthesia Subcommittee of the Illinois State Medical Inter-Insurance Exchange reviewed claims against Exchange insureds and identified several areas that have generated problems. The committee found that while the anesthesiologist is the primary defendant in anesthesia-related cases, the surgeon, nurse-anesthetist and hospital also frequently are named.

The following cases illustrate two areas the committee found deserving of risk management attention. The format of this "Case in Point" varies slightly because the anesthesiologist sees a patient on referral and does not make the initial diagnosis.

Case #1

The event leading to a claim – An 18-year-old youth came to a hospital emergency room with deep lacerations on his left arm, a compound fracture of his left femur and a possible concussion. His lacerations were treated, he was hospitalized and surgery was scheduled to repair the fracture. The patient was brought to the operating room, prepared for surgery and intubated. Seventeen minutes later, the patient's blood pressure dropped, he developed hypovolemic shock and arrested. Resuscitation was immediately initiated, and although efforts to revive him were successful, he suffered permanent brain damage. He now has a mental age of about six years and requires continuing care.

What went wrong – The anesthesiologist did not see the patient before anesthesia or surgery was started. Instead, the doctor sent the nurse-anesthetist to see the patient. The nurse anesthetist noted cardiac irregularities, a temperature of 101.2 degrees and a lowered blood count, probably due to a developing infection in the severely lacerated arm. She recorded the information on the chart, but did not communicate this information to the anesthesiologist, nor did the anesthesiologist consult the chart. The plaintiff's expert said the anesthesiologist should have re-evaluated the patient prior to surgery for potential problems with anesthesia due to the elevated temperature and the possible cardiac problems. Either one or both of these conditions could have precipitated the event that left the patient brain-damaged.

The resulting claim – The patient's parents sued the anesthesiologist,

the surgeon and the hospital for failing to recognize the patient's potential anesthesia problems, for failing to properly monitor the patient during surgery and for failing to act in a timely fashion to resuscitate him.

The outcome of the claim – A \$385,000 settlement was reached. The anesthesiologist settled for \$340,000 and the hospital contributed \$45,000. The surgeon was dismissed from the case.

Case #2

The event leading to a claim – A 63-year-old woman was scheduled to undergo surgery for removal and biop-

sy of a tumor on her lower back. The anesthesiologist visited her the evening before surgery and found her to be a good candidate for anesthesia. In the morning the patient was taken to the operating room where an IV was started in her right hand, anesthesia initiated, and an endotracheal tube placed and fixed with tape. The chest was auscultated to confirm proper placement of the tube. The patient was then placed on her stomach and the tube's position rechecked. Just as surgery began, the anesthesiologist noted that the patient's heart rate was becoming unstable, swinging from a high of 100/minute to 36/minute. Bradycardia developed and the surgeon

halted the procedure. At this point, it was noted that the blood in the incision was dark. Atropine was administered, then epinephrine. The EKG showed a heart rate in the 30s. Several minutes elapsed before the patient was turned on her back and further resuscitation efforts were initiated. The patient never awakened and remained in a vegetative state until her death from cardiac arrest six months later.

What went wrong – It was subsequently discovered that when the patient was turned on her stomach the endotracheal tube became dislodged and entered the esophagus. Hypoxia

(continued on page 8)

unless you settle the issue by checking
the "May Not Substitute" box.

VALIUM
brand of
diazepam/Roche[®]

2-mg 5-mg 10-mg
scored tablets

The final choice should really be yours

The cut out "V" design is a registered trademark of Roche Products Inc.
Copyright © 1991 by Roche Products Inc. All rights reserved.

Roche Roche Products
Roche Products Inc.
Manati, Puerto Rico 00701

*According to the Orange Book, 10th ed, US Department of Health
and Human Services, 1990, diazepam tablets may be available from as many
as 17 companies. Tablets shown represent 5 mg diazepam tablets.

Case in Point

(continued from page 7)

and respiratory failure resulted in her permanent vegetative state.

The resulting claim – The patient's husband sued for wrongful death, negligence for improperly positioning the endotracheal tube, failure to properly monitor the patient to identify the error and failure to correct it in a timely fashion. The hospital was sued for failure to properly monitor provision of anesthesiology services.

The outcome of the claim – The anesthesiologist settled for \$450,000

and the hospital contributed \$50,000 for a total of \$500,000. No liability was alleged against the surgeon.

The points these cases make – The cases described illustrate two risk management problems seen in claims review, said subcommittee chairman Henri S. Havdala, M.D., of Mt. Sinai Hospital Medical Center in Chicago. One is problems that can arise in connection with the pre-anesthesia visit.

"Ideally, the anesthesiologist who is going to do the case should see the patient preoperatively. If for some reason this anesthesiologist cannot see the patient, another anesthesiologist may see the patient for him or

her. But it is the responsibility of the physician who sees the patient before surgery to note any abnormalities he or she detects and to so inform the physician who is going to give the anesthesia," Dr. Havdala emphasized. "Conversely, it is the responsibility of an anesthesiologist who sends another physician to see a patient for him or her to inquire of the physician whether the patient has any problems that could affect the giving of anesthesia."

Another problem, Dr. Havdala said, is that the endotracheal tube may sometimes become misplaced when a patient is repositioned.

"Both of these problems may seem elementary to an experienced, well-

trained anesthesiologist," says Dr. Havdala. "However, our committee has found that they do occur, and that settlements and judgments in such cases can be extremely high."

Dr. Havdala and the Exchange Risk Management Committee offer some suggestions to minimize the likelihood of such problems:

Pre-operative visits:

- Every patient scheduled to receive anesthesia should be visited the night before surgery and his/her candidacy for anesthesia assessed.
- This evaluation should be done by a physician, ideally by the one who will administer the anesthesia.
- If a physician or nurse anesthetist who is not going to administer the anesthesia sees the patient before surgery, he or she should relay any pertinent information to the administering anesthesiologist.

Positioning problems:

- Check and recheck the position of the endotracheal tube, first when it is placed and again when the patient is repositioned for the procedure.
- Verify proper tube placement by listening to the chest. Detect good breath sounds on both sides.
- Confirm that the oximeter shows the patient's oxygenation registers in the high 90s to 100.
- Use all other equipment available to continually assess the patient's blood pressure, respiration, heart rate and temperature.
- Be especially vigilant about tube placement when the surgeon is working on a patient's head or neck or the tube is under the drape.
- If a problem is identified, move quickly to correct it.

In the unlikely event that an endotracheal tube should become dislodged or misplaced when a patient is repositioned, the anesthesiologist has many devices to quickly spot any developing problems. As a result, cases related to misplaced tubes are diminishing, Dr. Havdala explained.

In addition to the cardioscope, the blood pressure cuff or automatic blood pressure display machine and the oximeter, many hospitals now make available a capnometer, which constantly measures the carbon dioxide in the patient's breath. Exhalation without CO₂ in the return air from the breathing tube is an immediate sign that the tube is incorrectly positioned, Dr. Havdala said.

"When the breathing sounds are right, and the capnometer reveals the presence of carbon dioxide, then you know the tube is in the right position, even if the patient has been moved," Dr. Havdala noted.

If a problem with a misplaced tube arises, it should be easily and quickly identified. "Such problems are treatable if caught in time and the tube is repositioned. A patient should recover from such an untoward incident uneventfully," he said.

"Despite the fact that we are anesthetizing sicker patients today – patients undergoing heart and liver transplants, for example – anesthesiology is much safer today because of all the newer medications and devices that anesthesiologists have at their disposal," Dr. Havdala said. ▲

Carol Briery Golin is publisher of Medical Liability Monitor.

Illinois Medicine/August 2, 1991

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Office Manager/Contact Person: _____

Options:

Practice Name: _____

☐ Dental

Street: _____

☐ Disability

City/State/Zip: _____

☐ Life

☐ Dependent Life

Telephone: _____

Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

ISMS

Medical students prepare for future with organized medicine

by Sean McMahan

WHILE PATIENT care is their foremost concern, today's medical students know that outside influences will impact their practice of medicine.

To address these concerns, tomorrow's physicians supplement their medical education with involvement in organized medicine. Medical student section leaders say the experience broadens their perspective of the medical profession and prepares them for future leadership roles.

"There are many factors beyond the control of a single physician that influence how we can take care of patients," says Scott Bernstein, student trustee to the American Medical Association Board of Trustees from Illinois. "It's important for physicians to learn how to interact with outside forces," such as legislators, corporations, media and citizens groups. Bernstein, a student at the University of Illinois at Urbana-Champaign, was a member of the Illinois Delegation to the AMA House of Delegates from 1987-90 and served as the medical student representative to the AMA Council on Scientific Affairs from 1988-90.

Involvement in organized medicine "helps you understand the issues facing physicians: the hidden things outside the examining room, the business side of practice," says James Reid, who succeeded Bernstein on the Illinois delegation.

"All physicians are necessarily businessmen," adds Reid, a student at the Chicago Medical School who worked on Wall Street for 6½ years before seeking a career in medicine. "In terms of how you're paid for services, no industry in the world is as complicated."

"It doesn't matter what specific office or title or committee you're on, as long as you're participating in the process and continuing to learn about how to be effective in the process of health policymaking."

— Scott Bernstein

More than 1,000 medical students belong to the Illinois State Medical Society Medical Student Section. Organized in 1976, the section is one of the oldest state medical student groups. Section members are active throughout ISMS, with representatives serving on various councils and as delegates to the ISMS and AMA House.

First year best to get involved

The first year of medical school is the best time to get involved in organized medicine, says Michael Cantor, a student at the University of Illinois at Urbana-Champaign and chairman

of the AMA Medical Student Section. "It's a chance to learn about a lot of issues that you don't talk about in class or that you may touch on only briefly," he says, citing socioeconomic issues, culture and medicine, access to health care, and ethics. "It's also a place where you can do something about issues that concern you."

One of the immediate problems facing the students is managing the rigors of medical school, both academically and financially. With financial aid resources decreasing, Cantor says, the loan burden for medical students is increasing. "That means fewer and fewer people can afford to go to medical school, and those who do go have a tougher time getting through it," he says. "That has implications for the kinds of specialties medical students choose."

Other issues concerning medical students are changes in medical school curricula and the suggested use of national board exam scores as criteria for entrance into residency programs. The AMA and its medical student section oppose the latter.

A particularly useful program for medical students, Cantor says, is the ISMS Medical Student Section program "Preparing for Residency Interviews." The daylong seminar helps students with the interview process for residency positions and the National Resident Matching Program.

Students focus on AIDS, tobacco use

The ISMS Medical Student Section has been active in developing resolutions on AIDS education and anti-smoking initiatives that have ultimately become AMA policy. The Illinois-sponsored AIDS Awareness Week resolution adopted by the AMA House of Delegates in 1990 originated with the ISMS Medical Student Section, Cantor says. Many are active in ISMS and AMA programs in which medical students teach high school students about AIDS and how teens can protect themselves from contracting HIV.

The AMA's anti-smoking initiative also originated with the Medical Student Section. "The older members of the AMA welcomed that initiative and it's really in full swing," Bernstein says. One of the first resolutions sponsored by medical students supported a smoking ban on domestic airline flights.

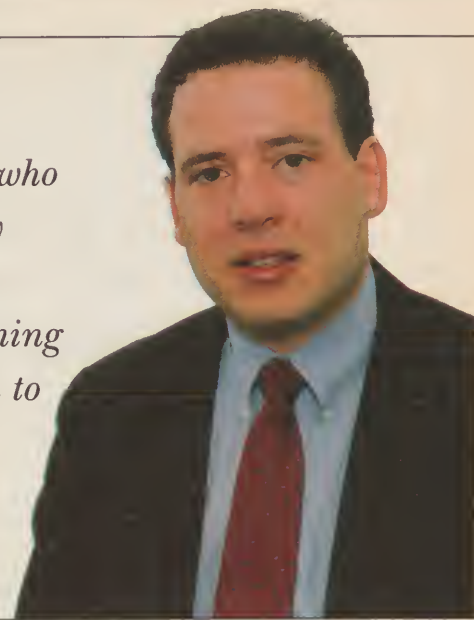
The AMA welcomes the input of medical student members, Bernstein says. "Initially [medical students] were welcomed hesitantly, but over the years ... I have seen that welcome become warmer and warmer to the point now where the younger members — students, residents, young physicians — are [recognized as] equal members in the [AMA] House," Bernstein says. "They seek our opinions not only for resolutions but for action and overall direction."

"I think they realize that someday we'll be the ones in their position. They realize the need to develop leadership from the beginning of your medical education, to help people become a part of the profession," Cantor says. "There are places where we differ, but they give us the opportunity to discuss our views and to make our case."

Medical Student Section participation is "a brilliant stepping stone" to

"I think they realize that someday we'll be the ones who are in their position. They realize the need to develop leadership from the beginning of your medical education to help people become a part of the profession."

— Michael Cantor



Wm. Daniels/The Photo Partners

further involvement in organized medicine in the Resident Physician Section, young physician activities and the regular physician ranks, Reid says.

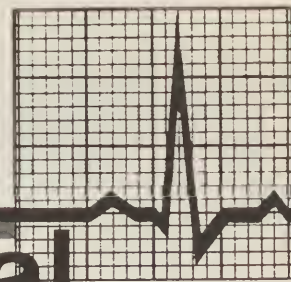
Pamela J. McBride, of Springfield, student representative to the ISMS Council on Public Relations and Membership Services, says she would recommend that all medical students join the sections. "One of the biggest negatives I hear from people who are not involved in the section is that it has no advantages for students. Obviously I don't believe that. Students as a section do carry a vote; they discuss issues with peers and they have opinions on issues."

"The unique thing about being in

the sections is that it involves us in an organization in which we can participate for the rest of our professional careers," Cantor says. "The information and experience we're gaining now will help us in the future. I think it would be a shame to throw away all I've learned and not continue to contribute actively in organized medicine."

"It doesn't matter what specific office or title or committee you're on, as long as you're participating in the process and continuing to learn about how to be effective in the process of health policymaking," Bernstein adds. "It is a lifelong commitment." ▲

Rice Clinic Medical Center



CENTRAL WISCONSIN

The Rice Clinic, a 29 physician multispecialty group is seeking BC/BE individuals in the following specialties:

- | | |
|--|--|
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Rheumatology |

Attractive income and ownership arrangements. Excellent practice environment with many outdoor recreational and cultural amenities.

Send CV to:

Paul R. Ford, Administrator
Rice Clinic, S.C.
2501 Main Street
Stevens Point, WI 54481
or call collect:
(715) 344-4120

RBRVS

(continued from page 1)

other Republican House leaders to sign a letter to President Bush calling on HCFA Administrator Gail Wilensky to pull back the proposed rule and make changes in the RBRVS conversion factor that will increase physicians payments. Such changes would make the program budget neutral.

ISMS also will attempt to work with Rep. Dan Rostenkowski (D-Chicago), chairman of the House Ways and Means Committee, to reverse the rate-cutting provisions of RBRVS. The Ways and Means Committee oversaw congressional development of RBRVS payment reform.

Rostenkowski July 15 sent a letter

to the members of the Ways and Means Committee lamenting the budget-cutting aspects of HCFA's proposed rule. The rate reductions, he said, "clearly do not follow congressional intent."

He added that he believes HCFA should revise its policies to make RBRVS budget neutral when the final regulations are published this fall.

Additionally, ISMS has written to all Illinois members of the U.S. House of Representatives and Senate asking for help in making RBRVS a "more predictable and rational" method of physician payment.

"Physicians agreed with Congress on the need for Medicare payment reform," states a letter from George T. Wilkins Jr., M.D., chairman of the ISMS Board of Trustees. "That

agreement was based on mutual trust that reform would be budget neutral. If Medicare payment reform is implemented with the proposed conversion factor, it will hurt health care services in every part of Illinois."

The letter also urges Illinois representatives and senators to pressure HCFA to roll back the 3 percent behavioral offset, which lowers initial rates to compensate for anticipated increases in physician services. In addition, Dr. Wilkins asks for the elimination of the "tripling effect" that occurs when the behavioral and transition adjustments are applied to the conversion factor.

To illustrate the severity of the rate reductions, Dr. Wilkins said that by 1996, when the program would be fully implemented, Chicago physi-

cians would face a 19 percent decrease in their average Medicare payment per service. Downstate physicians in Champaign would absorb cuts of 14 percent and doctors in rural Illinois communities would receive 8 percent less for services.

Several county medical societies already have joined the effort to swamp Washington with letters about the proposed budget-cutting RBRVS. The DuPage County, Rock Island County, Winnebago County, St. Clair County and Chicago medical societies have all written to their congressional representatives and Illinois' senators or encouraged their member physicians to write. Physicians in Winnebago County will have the opportunity to express their displeasure about the proposed Medicare payment reform system face-to-face with freshman congressman John Cox later this month at a society meeting.

While the public comment period will end Aug. 5, the proposed RBRVS system can be pulled back anytime between now and the end of the year for revision. Illinois physicians are encouraged to write their U.S. representatives and senators or to meet with them during congressional recess in August urging them to assert their influence to correct the flaws in HCFA's interpretation of RBRVS.

The Executive Committee of the ISMS Board of Trustees will meet Aug. 21 to discuss additional actions that may be taken by society leadership and member physicians over the coming months. ▲

For Your Patient Referral Needs

One Call Gets Us All

1-800-472-3660

or

Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex



Budget agreement

(continued from page 3)

House policy);

- **Therapeutic drug prescribing** authority for **optometrists** (ISMS House policy opposing).

Other key legislation approved and awaiting action by Gov. Edgar ... The following bills have cleared both legislative chambers, some with substantial amendment, and now await gubernatorial sign-off. The governor has 60 days following receipt of approved bills to sign, veto or amendatorily veto them.

- **Expansion of the Illinois Department of Professional Regulation's Committee on Nursing** to include nurse specialists (rule-writing provision that could have led to independent practice deleted);

- Clarification that only licensed physicians can treat "conditions," as well as "ailments," (in response to a court ruling finding two sections of the Medical Practice Act unconstitutional);

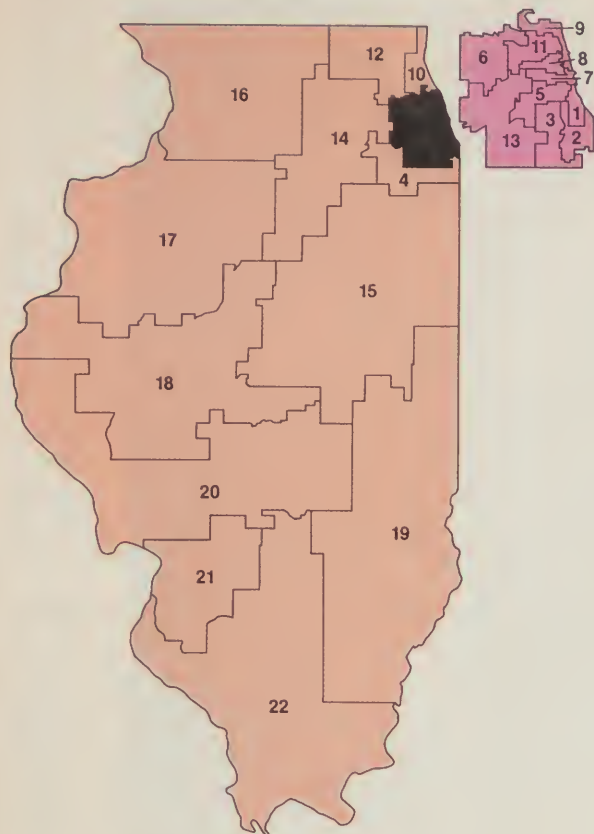
- **Licensing** and disciplinary authority over **professional counselors** and clinical professional counselors, with an ISMS-backed amendment to eliminate diagnosis from the authority of these licensees and require referral to a physician;

- Regulation of **tanning parlors** (ISMS supported; House policy);

- Elimination of the requirement for a **separate controlled substances registration** for practice locations where controlled substances are prescribed but not dispensed or administered;

- Expansion of authorization for trained health care professionals to use an **automatic defibrillator** (ISMS supported; House policy). ▲

Write to your senators and congressmen about RBRVS at the following addresses:



U.S. senators

Hon. Alan J. Dixon
230 S. Dearborn Street
Suite 3996
Chicago, IL 60604

Hon. Paul Simon
230 S. Dearborn Street
Suite 3892
Chicago, IL 60604

U.S. representatives

1st district
Hon. Charles Hayes
8704 S. Constance Drive
Chicago, IL 60617

2nd district
Hon. Gus Savage
11434 S. Halsted Street
Chicago, IL 60628

3rd district
Hon. Martin Russo
10634 S. Cicero
Oak Lawn, IL 60453

4th district
Hon. George Sangmeister
101 N. Joliet Street
Joliet, IL 60431

5th district

Hon. William O. Lipinski
5832 S. Archer
Chicago, IL 60638

6th district

Hon. Henry J. Hyde
50 E. Oak Street
Suite 200
Addison, IL 60101

7th district

Hon. Cardiss Collins
230 S. Dearborn Street
Suite 3880
Chicago, IL 60604

8th district

Hon. Dan Rostenkowski
2148 N. Damen Avenue
Chicago, IL 60647

9th district

Hon. Sidney R. Yates
230 S. Dearborn Street
Chicago, IL 60604

10th district

Hon. John E. Porter
104 Wilmot
Suite 410
Deerfield, IL 60015

11th district

Hon. Frank Annunzio
230 S. Dearborn Street
Suite 3816
Chicago, IL 60604

12th district

Hon. Philip M. Crane
1450 S. New Wilke Road
Suite 101
Arlington Heights, IL 60005

13th district

Hon. Harris Fawell
115 W. 55th Street
Suite 100
Clarendon Hills, IL 60514

14th district

Hon. Dennis J. Hastert
27 N. River Street
Batavia, IL 60510

15th district

Hon. Tom Ewing
2401 E. Washington Street
Suite 101
Bloomington, IL 61704

16th district

Hon. John Cox
308 W. State
Rockford, IL 61101

17th district

Hon. Lane H. Evans
1535 47th Street
No. 5
Moline, IL 61265

18th district

Hon. Robert H. Michel
100 N.E. Monroe
Room 107
Peoria, IL 61602

19th district

Hon. Terry Bruce
114 W. Chestnut
Box 206
Olney, IL 62450

20th district

Hon. Richard J. Durbin
525 S. 8th Street
P.O. Box 790
Springfield, IL 62705

21st district

Hon. Jerry Costello
1316 Niedringhaus Avenue
Granite City, IL 62040

22nd district

Hon. Glen Poshard
201 E. Nolen, City Hall
West Frankfort, IL 62896

Letters should be addressed to "the Honorable John Doe." Salutations should read "Dear Senator or Congressman Doe."

Physician referral program for the medically needy a success

by Coral Carlson

WHEN IMMIGRANT PARENTS of a sick 4-year-old needed a pediatrician who could communicate with them in Persian, the Catholic Charities Physician Referral program stepped in and located a physician who could help.

"It's really exciting to help people," says program director Karen Kordisch about her successful efforts to match the family with a Persian-speaking physician.

The Catholic Charities Physician Referral Service provides physician referrals for Medicaid patients in Chicago's northwest suburbs. The program has been a success in its first year and plans are under way to expand the service to Lake County.

More than 800 patients have found physicians through the program; that number is expected to reach 1,000 by the end of the program's first full year of operation on Oct. 1.

The physician referral service is limited to Medicaid recipients who live in specific suburbs in northwest Cook County and is operated much like hospital-based physician referral services, Kordisch says. The difference is that Catholic Charities verifies each patient's Medicaid case number with the local office of the Illinois Department of Public Aid when a physician referral is made.

Physician participation key to success

The commitment from the participating physicians is the program's strength, says Terrance P. McGuire, chairman of the program's advisory board and vice president of mission effectiveness for Alexian Brothers Health System. "I thought if we could get 75 to 80 physicians we would be doing exceptionally well," he says. The Catholic Charities Physician Referral Service has nearly 240 participating physicians in more than 30 specialties and nine hospitals.

McGuire attributes the high degree of physician participation in the

program to the support of hospital administrators in recruiting and the fact that no one doctor or hospital is inundated with Medicaid patients.

Responding to the need for access to medical care, too, can play a significant part in physician participation in the referral program, says Peter Kiefer, M.D., a Des Plaines family physician. "It was an idea brought to me by the administration at Holy Family [Hospital]. It sounded like a

"We thought this was a way for us in an organized fashion to get involved."

— Mark Gross, M.D.

good idea. I wanted to contribute to those in need in the area," he says.

A similar need was noted by Mark Gross, M.D., an orthopedic surgeon on the staff of Good Shepherd Hospital in Barrington. "I feel, as do many other physicians at Good Shepherd, that there are a lot of patients slipping through the cracks as far as being provided with good medical care," says Dr. Gross. "We thought this was a way for us in an organized fashion to get involved with helping these people out."

Flexibility for physicians stressed

The program is designed to be flexible for the physicians. Each doctor determines the number of Medicaid patients he or she will see; the program recommends 12 patients per year, but does not require any specific level of participation.

Catholic Charities provides Medicaid billing services and organizes training classes on Medicaid billing for participating physicians. Catholic Charities also helps solve billing or patient behavior problems, Kordisch says.

A study of physician satisfaction

with the program suggests it is going well, McGuire says.

"I would recommend [it] highly," says Dr. Gross, who has seen between 10 and 15 patients. "I've been very, very pleased with the interaction with the people over at Catholic Charities and how they've handled everything."

That opinion is shared by Tim Albion, M.D., a member of the Ob/Gyn staff at Alexian Brothers Medical Center in Elk Grove Village. "I think it's a fine program," Dr. Albion says. "I think it's an excellent way to provide prenatal care or other medical care to patients who don't have private insurance."

Many of the patients in the program are classified as "working poor," meaning they work but do not have medical insurance. "About 60 percent of our public assistance population [in the suburbs] is on programs that are medical only. They are not receiving any other type of assistance," Kordisch says. Nearly 40 percent of the patients in the program are children and the majority of the adults served are women, she adds.

The need for primary care is the major reason the program started. It grew out of a think tank started in 1988 by Alexian Brothers Health System and Catholic Charities to consider the health needs of Medicaid recipients in the northwest suburbs. Several studies and community



Sylvia Lam-Cheng, M.D., a Hoffman Estates pediatrician, gives Skye Stoffel of Streamwood a six-month checkup. Dr. Lam-Cheng is one of nearly 240 physicians participating in the Catholic Charities Physician Referral Service. The program, which serves much of northwestern Cook County, plans to expand to Lake County in September.

needs assessments as well as data from hospital emergency rooms and IDPA were examined by the group. "One of the things that stood out was the need for primary care," McGuire says.

The need is not limited to the northwest suburbs, and in September the program will expand into Lake County. New physicians are already being recruited, Kordisch says, and the program hopes to secure an additional \$45,000 for a computer network to handle referrals. She hopes the program will eventually move into other areas, such as northeastern suburban Cook County and possibly the western suburbs. ▲



Because You Have More Important Things Than Malpractice Insurance to be Concerned About.

Peace of mind from the second largest insurer of Illinois physicians.

ASSOCIATED PHYSICIANS



INSURANCE COMPANY

Physician Owned – Professionally Managed – Financially Secure

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

CDC guidelines

(continued from page 1)

who test HIV positive refrain from "exposure-prone" procedures unless they tell their patients about their seropositivity. HIV-infected physicians also would have to receive the go-ahead from a panel of health experts before treating patients.

Sitting on the review panel would be the physician's own doctor, an infectious disease specialist familiar with HIV transmission, a health care worker familiar with the procedures the physician performs, and state or local health officials. For hospital-based HIV-infected health care workers, the panel also might include a member of the institution's infection control committee. CDC charges the panels to uphold the HIV-positive physician's confidentiality and privacy rights.

Contact tracing limited

Also similar to the Illinois legislation are recommendations that patient notification about an HIV-infected physician be done on a case-specific basis only. Contact tracing for patients should be limited to patients who are at risk because they have undergone an invasive procedure performed by an infected health care worker. CDC leaves the mechanics of notification and follow-up to state and local health departments.

Specific lists of exposure-prone procedures will be drawn up by expert groups such as the American Medical Association and American Dental Association. In an AMA statement released just after the guidelines began circulating, the association said it will develop a working list of procedures it considers exposure prone as soon as possible. As examples, however, the CDC guidelines list abdominal, obstetrical/gynecological and cardiothoracic surgery; colorectal procedures; and common dental procedures, such as endodontics and tooth extractions.

"Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's fingers and a needle or other sharp object in a poorly visualized or highly confined anatomic site," the guidelines state. CDC is using "exposure-prone procedures" as a slightly more descriptive term than the widely recognized "invasive procedures" coined in its first guidelines on HIV transmission and the use of barrier techniques issued in 1987.

CDC also renewed its call for health care workers to routinely adhere to the tenets of universal precautions, such as sterilizing equipment, wearing gloves and other protective clothing, and properly disposing of sharps and handling sharp instruments. Health care workers should act as if all patients are infected, the report states.

Transmission risk is small

Pointing to only one "unusual cluster" of HIV transmission from a Florida dentist to five patients, CDC maintained that the risk of transmission from health care workers to patients, even during an invasive procedure, is small. The few studies conducted on possible HIV transmission from infected surgeons turned up no cases. The guidelines admitted, however, that a "precise assessment of risk is not yet available" and called for more in-depth research. These

CDC guidelines to minimize risk of HIV transmission



Reporting in the July 12 issue of *Morbidity and Mortality Weekly Report*, the U.S. Centers for Disease Control says existing data does not support restricting the practice of HIV-infected health care workers who perform invasive procedures not classified as exposure prone. However, for physicians and other medical providers who perform exposure-prone procedures, some restrictions may be necessary. CDC recommends the following guidelines to minimize the risk of HIV and hepatitis B transmission in health care settings.

- Health care workers should follow universal precautions at all times, with all patients. These include hand washing and careful use and disposal of needles and other sharps. In addition, all health care workers should wear gloves while performing invasive procedures and whenever treatment will result in contact with a patient's blood, mucous membranes and other body fluids.
- Health care workers who perform exposure-prone invasive procedures should be tested for HIV and the hepatitis B virus.
- If infected with either HIV or HBV, physicians, dentists and other medical providers should cease performing invasive procedures until they have sought advice and counsel from an expert panel as to circumstances under which they might perform such procedures. Exposure-prone procedures will be identified by the American Medical Association, American Dental Association, surgical organizations and institutions, such as hospitals, where the procedures are performed.
- Health care workers who are exposed to patients' blood should be vaccinated against hepatitis B.

Source: The U.S. Centers for Disease Control.

recommendations will remain in effect until research documents a need for tougher or more lenient guidelines, CDC said.

Same risk from a doctor as a cab driver

"We must get across to the public that in most medical situations there's no more risk from an HIV-infected nurse or doctor than from an [infected] lawyer, cab driver or teacher," said James O. Mason, M.D., assistant HHS secretary and head of the Public Health Service. "AIDS will not be transmitted by most medical activities, from an electrocardiogram to the treatment of pneumonia to the radiation of a tumor. However, when surgery is performed, patients need to know that they will be protected by the dentists and physicians scrupulously following universal precautions and recommended infec-

tion controls."

Recognizing that some health care workers may no longer be able to practice their specialty after learning they are HIV-positive, CDC recommends that infected individuals be given opportunities to perform "appropriate patient-care activities." CDC also advocates career counseling and job retraining.

Senate tackles notification

Meanwhile, the U.S. Senate July 18 was seesawing on what type of legislation it wanted to pass on HIV disclosure of infected health care workers. First, senators passed a Jesse Helms (R-N.C.)-sponsored measure calling for mandatory jail terms of up to 10 years and \$10,000 fines for HIV-infected medical providers who know they are infected and continue to perform invasive procedures. Sena-

tors OK'd a milder amendment sponsored by Edward Kennedy (D-Mass.) aimed at neutralizing the Helms proposal.

Under Kennedy's plan, states that chose not to adopt the CDC guidelines would stand to lose federal dollars for health programs. The Kennedy proposal also advocates action against physicians who do not adhere to the guidelines, but leaves penalties up to state medical boards. The AMA sent letters opposing the Helms amendment to all senators.

Observers speculated that lawmakers passed both measures in hopes that the specifics of a law would be sorted out in conference committee. Illinois Sens. Paul Simon and Alan J. Dixon voted for both measures. ▲

— Tamara Strom

\$30,000 BONUS OFFERED TO HEALTH CARE PROFESSIONALS

If you are a board-certified physician or a candidate for board certification in one of the following specialties, you may qualify for a bonus of up to \$30,000 in the Army Reserve.

Anesthesiology • General Surgery • Thoracic Surgery
Pediatric Surgery • Orthopedic Surgery
Colon-Rectal Surgery • Vascular Surgery • Neurosurgery

A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a \$10,000 bonus for each year you serve as an Army Reserve physician—for a maximum of three years.

You may serve near your home, at times convenient for you, or at Army medical facilities in the United States and abroad. There are also opportunities to attend conferences and participate in special training programs, such as the Advanced Trauma Life Support Course.

To learn more about the Army Reserve and the Bonus Test Program, call one of our experienced Medical Personnel Counselors:

MAJOR HARRY RUBIN or
MAJOR CHARLES DAWSON
CALL COLLECT: (708) 541-3644

ARMY RESERVE. BE ALL YOU CAN BE.

HIV notification bill

(continued from page 1)

and dentists' offices, public anxiety dictated that legislators take some action on the HIV disclosure issue," said Illinois State Medical Society President Robert M. Reardon, M.D. "Several parties were pushing hard for extremely restrictive measures, including mandatory testing of all health care workers. I believe this bill protects both patients and their health care providers."

In addition, physicians can be reassured that their patient records will remain "absolutely confidential" if this bill is signed into law, Dr. Reardon said. "A doctor's records will never leave the office."

The ISMS-supported bill acknowledges the fact that the risk of a physician contracting HIV from a patient is greater than that of a doctor passing the virus on to a patient. Legislation language mandates that the Illinois Department of Public Health notify an AIDS patient's health care workers who would be considered at risk. This provision is particularly important for physicians because it will enable them to learn if any of their patients are HIV positive.

Previously, contact tracing was lim-

ited to known sexual or needle-sharing contacts of individuals infected with the virus. But S.B. 999 broadens this process to include potential exposure in health care settings. The Illinois State Dental Society and Illinois Nurses Association supported the measure along with ISMS.

Only physicians who pose a risk must tell

The bill spells out a several-step process IDPH must undertake before any patients are notified of their physician's HIV-positive status. Once the department learns that a health care worker has been diagnosed with AIDS, a preliminary risk assessment will determine if any patients are at risk.

For example, "If the physician is a psychiatrist, the investigation ends there. In that instance, there is no practical chance of transmission," Dr. Reardon explained. "If the doctor is a surgeon, however, the department must go on to determine which patients, if any, may be at risk because the physician has performed an invasive procedure."

HIV-infected physicians or other health care workers who perform invasive procedures will have the first opportunity to inform their at-risk

patients of their status. IDPH would then step in and perform the contact tracing, offering testing and counseling if a physician or other health care worker decides not to do so.

Public health officials would have

"Several parties were pushing hard for extremely restrictive measures, including mandatory testing of all health care workers. I believe this bill protects both patients and their health care providers."

— Robert M. Reardon, M.D.

access to patient records at the physician's office, according to the legislation. IDPH representatives would develop a list of all patients at risk as a result of invasive procedures; no patient files can be photocopied or seized by the department, the bill

states. Information gathered from patient files or discovered during the IDPH investigation is exempt from the provisions of the Illinois Freedom of Information Act.

Prospective notification an ethical consideration

In addition to the "look back" notification of patients who were treated before the physician may have known about his or her HIV seropositivity, interpretations of the bill allow for prospective notification of patients before the physician performs invasive procedures. The law aside, physicians are also ethically bound to inform their patients if they are HIV positive as a routine part of informed consent.

The American Medical Association House of Delegates in June reaffirmed a January policy statement urging physicians to tell their patients they are HIV positive or quit performing invasive procedures. If a physician fails to inform patients before performing procedures that could place them at risk for HIV transmission, the doctor could be reported to the Illinois Department of Professional Regulation for unprofessional conduct. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Emergency medicine – ER group is in search of a full-time BE/BC EM, FP or IM for an active rural hospital two hours from Chicago. Send resume to Box 2197, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12 hour days, including periodic weekends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Pediatrician. Needed hard working pediatrician to join well-established pediatric group in the far western Chicago suburbs. The earning potential is probably in the top 1 percent of all pediatricians in the country. The community offers excellent school systems, park districts and lifestyle. Please forward CV to Box 2195, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Door County, Wis.: one to two BC/BE internists to join hospital-based physicians' clinic. Modern, 89-bed community hospital with new outpatient services addition. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Exceptional four seasons recreation along Lake Michigan shores. Proximity to Milwaukee/Chicago. Top-rated schools. Quality community life. Send CV to Gerald M. Worrick, Administrator, 330 S. 16th Place, Sturgeon Bay, WI 54235.

Medical director. BE/BC IM or FP Physician needed for medical director at Henry Hill Correctional Center, Galesburg. Directors receive an excellent guaranteed clinical remuneration, administrative stipend and benefit package. If you feel imprisoned by private practice, our opportunity can free you from these headaches. For confidential consideration, call John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John "B".

Family practice Minnesota – physician needed for broad-based practice in exceptional rural community. Shared call, fully equipped and staffed office, outstanding hospital, excellent guaranteed compensation, full benefits, and bonus. Family practice Wisconsin – multispecialty group of 16 physicians seeks BE/BC physician for partnership. Less than one hour from metro area. For this and other opportunities in the upper midwest, send CV: Mary Jo Cordes, MDsearch, P.O. Box 21507, St. Paul, MN 55121 or call: 612/454-7291.

Internist needed to join one of the leading internal medicine practices in Kenosha, Wis. This is an opportunity to build a strong and vibrant practice within the first one to two years. Office conveniently located on the hospital campus. Kenosha provides an excellent quality of life: many choice yet affordable places to live, superior schools, proximity to recreational facilities, and central location less than one hour from either Chicago or Milwaukee. Compensation competitive including an incentive plan which provides enhanced earning potential. Contact Jan Channon 708/945-7717 or send CV to 1855 H Deerfield Rd., Suite 2300, Highland Park, IL 60035.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Chairman, department of internal medicine – Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy, a major Chicago multi-site medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. outwest Chicago suburban location. Call 312/445-3942.

Primary care physicians for MOD coverage in central Illinois. Nights and weekends. Light workload. Malpractice covered. Illinois license required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

St. Charles. Probably the best opportunity for a primary care physician in the midwest. Our full-service medical facility is located in an extremely desirable growing suburb of Chicago. The St. Charles/Geneva community is quaint, yet progressive, financially strong, and very popular with young families. Our facility is state-of-the-art with on site x-ray, lab, pharmacy, surgical, electronic billing and more. We provide 90 percent of primary care needs for our patients and industrial clients – including immediate care. You will have the opportunity to enjoy immediate equity. You will be impressed. Contact Mark Lewis, M.D., 708/377-7979.

Primary care physicians: full or part-time opportunities available in southern Illinois or various Missouri locations. Proper licensure required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

Several opportunities available in this state for radiologists. Full partnerships available. Practices located on Lake Michigan. All offers include: guaranteed net income up to two years; malpractice insurance; six weeks paid vacation; other inducements and benefits. Please send or fax CV in confidence to Jackie Parisot, Gielow/Laske Associates, 306 N. Milwaukee St., Milwaukee, WI 53202 or call 1-800-969-7715, fax 414/226-4131.

SE Wisconsin pediatrics – unique opportunity for 1-2 skilled BC/BE pediatricians. Hospital management and start-up assistance available along with coverage from skilled BC colleagues. Be part of a new practice in a prospering community close to Milwaukee, Madison and Chicago. Contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Planned Parenthood seeks licensed Ob/Gyns for contraceptive care, gynecological exams and surgical services. PP/CA services include abortion, colposcopy, cryotherapy. Flexible hours at one of five locations. Competitive salary for both surgical and family planning services. Malpractice provided. Mail CV to: Medical Administration Director, Planned Parenthood, 17 N. State St., 15th Floor, Chicago, IL 60602. No phone inquiries.

Family practice and internal medicine: we are a growing, 20-physician multispecialty clinic seeking BC/BE physicians. Guaranteed first year salary with incentive program, signing bonuses, and excellent fringe benefit package. Located in southeastern Minnesota, Austin is a progressive community of 23,000 with public and parochial schools and an excellent higher education system. Call or send CV to Richard Graber, Administrator, Austin Medical Clinic, P.A., 1000 1st Drive NW, Austin, MN 55912; 507/433-7351.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

Family practitioner wanted for northern Illinois community health center. Multispecialty group with 11 physicians, as well as mid-level providers and dentists. Academic affiliation, loan repayment, competitive salary and benefit package in pleasant affordable city. Eligible for NHSC and Illinois scholarship repayment program. CV to John F. Frana, Executive Director, Crusader Clinic, 120 Tay St., Rockford, IL 61102, 815/968-0286. EOE.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Family practice – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Ob/Gyn – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

BC/BE radiologist wanted for part-time position. Private practice in a hospital setting. CT, MRI and some angiography/interventional experience required. Up to 18 full weeks per year which includes light call. Generous salary. Small college community in west-central Illinois. Send curriculum vitae with reply to Box 2198, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Staff physician, student health center, University of Illinois. McKinley Health Center, a JCAHO-accredited, student-oriented ambulatory care facility, is seeking primary health care physicians. Appointments are full-time, 12 months, academic professional, with comprehensive benefit package and competitive salary. Candidates must relate well to young adults. Illinois medical licensure required. Board certification/eligibility preferred. Complete position notice/information available from Lucille Isdale, Ph.D., Director, McKinley Health Center, 1109 S. Lincoln Ave., Urbana, IL 61801; 217/333-2711. Applications due by September 1, 1991; however this search will remain open until positions are filled. The University of Illinois is an AA/EOE.

Internal medicine. A prime internal medicine practice awaits you in sunny, metropolitan Phoenix, Ariz. We have additional IM opportunities in picturesque Wisconsin and Ohio. Competitive income guarantee. Available benefits include malpractice insurance, CME allowance, relocation expenses assistance, administrative/financial support and more. For confidential inquiry, call 1-800-969-7715. Dan Jones, Gielow/Laske Associates, 306 N. Milwaukee St., Milwaukee, WI 53202.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Is this the ideal country practice for you and your family? Picturesque, prosperous Illinois community of 5,000. Hospital in town. 30 minutes from the University of Illinois with medical school affiliation possible. ER coverage and some specialty coverage available. Internal medicine or family practice (BC/BE). 217/367-1044 for a sound investment.

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Well-equipped laboratory in professional building in midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

A medical practice and a two-office medical building with parking lot for sale. Easily accessible to transportation. North Evanston, 708/475-2611 or 708/864-6491.

Start or expand your practice. Great location and area for your business in the heart of expanding N.W. suburbs. Competitive rates. Call Century 21 – Halvorsen/Fred Kunz, 708/991-7886.

Buy direct and save hundreds of dollars! Brand name ECGs single and multi-channel, with or without interpretation, stress capable – and defibrillators – with thermal-array recorder, two-trace monitor with freeze, and 12 lead ECG capability. Buy or lease. Five-year factory warranties. Call 312/794-1749.

Elgin. Medical space available in fast expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Near lake. 32-unit courtyard building, two penthouse apartments with elevators, indoor garage, no deferred maintenance, nets \$160,000, asking \$1,225,000. East Rogers Park. Cash machine – 32 units plus nine stores, new boiler, many improvements, nets \$115,200, asking \$849,000, assumable mortgage at 10 percent, possible owner second. Remax Exclusive Properties – Chuck Stuparits, 312/918-2266.

Office space for lease. Oak Forest. Professional/business office space for lease. Suites 900 to 2,200 square feet/elevator building. Near RTA/Metra/x-way. Rate extremely competitive. 708/687-5200.

Longboat Key, Fla. – gulf to bay professional haven. As your buyer's agent I will find the property you desire and negotiate the lowest price and best terms. No fee to you! Don Carey – White Sails Realty, 5610 Gulf of Mexico Dr., Longboat Key, FL 34228; 813/383-3718, evenings 813/383-3306.

Miscellaneous

Executive Management Associates ... an affordable alternative. Experienced consultants specializing in private and public insurance billing and collection. Professional prompt service. 708/524-4696.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-786-3037 (24 hours). Alan D. Kirscher, M.A.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Why does
**JACKSON &
COKER**
recruit more
physicians
each year
than any other
company?

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
AND COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



WE HAVEN'T MISSED A BEAT IN 15 YEARS.

In 1976 major liability insurers abandoned Illinois physicians. The Exchange was founded by your colleagues to meet this critical need.

In every one of our 15 years, the Exchange has never wavered. We responded to challenges by merely quickening the pulse of our efforts.

Today, just as in the beginning, the Exchange mounts the most vigorous and productive defense possible against claims without merit.

We use our experience to help physicians reduce both the risk of litigation and its emotional consequences.

And ours is the voice of experience in supporting the fight for tort reform.

Protecting the integrity of our policyholders for so many years has required a stalwart organization always up to the challenge. After 15 years, we are proud to report, our heart has never been stronger.

ISMIE

Part of the solution. Not part of the problem.

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine

John Deere
to open health
clinic..... 2

August 16, 1991

ILLINOIS STATE MEDICAL SOCIETY



Gov. Jim Edgar signed into law appropriation bills for the 1992 budget, clearing the way for payment of physician bills for public aid medical care. See story, page 3. ▲

Wm. Daniels/The Photo Partners

Bipartisan momentum is building to correct RBRVS

by Tamara Strom

THERE'S NOW HOPE where once there was none for Illinois physicians facing Medicare reimbursement cuts.

Pressure is mounting in Washington to force the U.S. Health Care Financing Administration to pull back its proposed Medicare physician payment reform system and fix the flaws. Much of this pressure stems from the American Medical Association's grass roots campaign to turn back the onerous budget-cutting aspects of the resource-based relative value scale payment system.

After AMA called on the states to get involved in the lobbying effort, letters from state medical societies and individual physicians flooded Capitol Hill. Illinois already has begun to see the seeds of success from its contact with the Illinois members of Congress.

U.S. Rep. Dan Rostenkowski (D-Chicago) is among the heavy hitters from Illinois in Washington who are trying to reverse the cuts in physician Medicare reimbursement in the proposed HCFA implementation rule on RBRVS. Rostenkowski chairs the House Ways and Means Committee, which oversaw the creation of RBRVS. Prompted by letters from Illinois physicians, Rostenkowski and the committee members sent a letter

to Health and Human Services Secretary Louis W. Sullivan, M.D., pointing out that the proposed rules on RBRVS break the spirit of the agreement reached by Congress, administration officials and the medical community on payment reform.

The powerful House Committee on Energy and Commerce also is pressuring the Bush administration to make RBRVS budget neutral. In a

letter to Dr. Sullivan, members of the Energy and Commerce Committee and its Subcommittee on Health and the Environment expressed dismay at the budget-cutting implementation proposal for RBRVS. When payment reform was initiated, the letter states, neither the Congressional Budget Office nor the Office of Management and Budget sought to reduce spending through

the RBRVS payment system. Yet the rule promulgated by HCFA in the June 5 *Federal Register* indicates a \$7 billion reduction in physician payments over the next five years, the representatives said.

"It is particularly disturbing to us that the [Notice of Proposed Rulemaking] appears to break faith with the broad coalition of physicians and interested organizations that came together in support of payment re-

(continued on page 11)



U.S. Rep. Dan Rostenkowski is pushing HCFA to fix the flaws in the RBRVS conversion factor.

Prologue to offer alternative physician fee plan next month for IDPR legal review

by Kevin O'Brien

QUESTIONS ABOUT THE legality of physician-paid "referral" fees to companies that match patients with doctors may be near resolution.

Officials representing Consumer Health Services Inc. said they anticipate proposing an alternative fee mechanism for review by the Illinois Department of Professional Regulation within three to four weeks. The Boulder, Colo.-based corporation operates Prologue, which company officials describe as a physician information service and not a referral service.

"It is our intention to work with [IDPR] not merely to comply with the letter of any law, but also in a way that keeps them comfortable that we're working with the spirit as well," W.P. (Sandy) Dunlap, Consumer Health Services vice president of marketing, told *Illinois Medicine* Aug. 5.

Physician queries last fall about Prologue procedures prompted the questions. Prologue requires that physicians pay a fee for each patient who keeps an initial appointment the service makes on the patient's behalf. At issue was concern that fees assessed and paid to Prologue on a "per kept appointment" basis violate the fee-splitting provision of the Medical Practice Act.

Without mentioning Prologue by name, the Chicago Medical Society said in the Oct. 21, 1990, issue of *Chicago Medicine* that it had received several inquiries from physicians about "the legality of participating in referral services that require physicians to pay for each patient referred." As a result of those inquiries, the Society said, it requested that IDPR clarify applicable provisions of the Act. The publication quoted then-IDPR General Counsel Robert K. Reardon's response that

(continued on page 10)

CLIA:

How to prepare
for new federal
office lab
regulations.
See page 8.

In this issue

News Briefs.....2

Study: Physicians joining
group practices.....2

Edgar approves '92
Illinois budget.....3

Members in the News.....5

New brochure clarifies
incident reporting.....6

Illinois physician featured
in AMA campaign.....10

***** 3 DIGIT SCF 208
0805 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
BETHESDA
MD 20894

Congress moves to save Medicare toll-free lines

In a move to keep Medicare-participating physicians, the U.S. Senate Appropriations Committee last month told the Health Care Financing Administration to continue funding Medicare toll-free hot lines for physicians and patients.

In addition to calling on HCFA to make all provider and benefit inquiries "the highest priority," the committee created a \$247 million contingency fund to operate the 800 lines. The directives were issued as language in the committee's Labor, Health and Human Services and Education report.

"The toll-free lines provide essential information, guidance and technical support to doctors and beneficiaries ... when dealing with complex Medicare regulations," said Sens. Hank Brown (R-Colo.) and Larry Craig (R-Idaho), who led the fight to restore the free hot lines.

The Appropriations Committee took action after seven senators expressed displeasure at HCFA's announcement that the hot lines would no longer be a reimbursable cost after July 1. Of the 37 contractors operating the lines, 23 began disconnecting their toll-free numbers after receiving HCFA's notice. Some contractors replaced their free lines with 900 numbers, the senators said. While an 800 number is free, 900 numbers typically charge callers a fee just for dialing and then tack on additional per-minute charges.

In a July 8 letter to the committee, the senators voiced concern that cutting the toll-free lines could jeopardize health care delivery for Medicare recipients. "Participating physicians already purchase complex billing instructions from their respective carriers at a cost of hundreds of dollars," the letter states. "Considering that providers have already paid for these manuals, we feel that the additional charge for answering the questions on this same material is inappropriate."

The senators cited the impending resource-based relative value scale payment reform system as a new

source of physician questions. "This new fee schedule will undoubtedly provoke numerous questions, and Medicare providers will need easy access to contractors," the senators said. "We feel the 800 lines are an important tool in assuring continued participation of providers in the Medicare program."

And although the senators recognized the tight fiscal restraints of the fiscal 1992 budget, they said the hot lines offer an easy way to contain administrative costs by ensuring correct billing practices are maintained.

Illinois physicians, concerned about the added costs of making Medicare billing inquiries once the 800 numbers began disappearing, submitted a resolution to the American Medical Association House of Delegates in June calling for restoration of the hot lines. The House adopted the Illinois resolution, with an amendment that called for HCFA to provide funding for the lines.

Chicago allocates \$1.2 million to AIDS services

Citing 87 new AIDS cases reported in May, the Chicago Department of Health last month boosted its fight against the disease by allocating about \$1.2 million in federal aid to community-based programs offering services to AIDS patients.

"Primary health care, mental health counseling, housing and substance abuse treatment are just a few of the stepped-up services that will be provided through these new dollars," said Sister Sheila Lyne, R.S.M., Chicago's health commissioner.

Sister Sheila said Chicago received the federal funds under the Ryan White CARE Act that allocates the dollars to cities based on need. Later this month, Chicago will receive an additional \$1.9 million in federal funds through a competitive process with 15 other cities throughout the country.

Chicago's cumulative total of AIDS cases since 1980 is 3,780, with at least 2,468 reported deaths. ▲

— Compiled by Tamara Strom

More physicians will join group practices by 1996, study says

by Tamara Strom

DOCTORS MAY HAVE developed a dangerous habit: looking at the future through rose-colored glasses. As a result, according to a new study released last month, MDs may not be fully prepared for the changes in the health care system coming down the pike.

"Based on the study results, I don't think physicians recognize the full impact of payment reforms and other changes in the health care delivery system," said Lloyd B. Morgan, central region health care coordinator for Arthur Andersen and Co., the accounting/management firm that sponsored the survey with the American Association of Healthcare Executives.

"The impact of all these changes could turn out to be quite significant," Morgan said, citing the rate-

slashing aspects of the federal government's proposed Medicare payment reform system. "The changes in actual amounts physicians would be paid are important. When that is

multiplied by changes in the way the private sector pays physicians, the outcome will be significant."

Major private payers are watching intently as the government attempts payment reform, Morgan said, adding that 98 percent of survey

respondents said they believe the private sector will follow closely on the government's heels to enact their own changes. Forty-six percent of respondents thought it very likely that the private sector will adopt the Medicare fee schedule or some adaptation of it by 1996.

Of the 2,600 health care represen-

(continued on page 13)



John Deere starts health care business for its employees

by Tamara Strom

STRAYING FROM ITS usual product list of farm implements, John Deere & Co. has entered the health care delivery business. Citing employee health costs that will exceed \$200 million this year, Deere officials June 26 announced the company will open its own employee health clinic, the John Deere Family Health Center, staffed by Deere-employed physicians, within 12 months.

Although employees can opt to stay with their own family doctors under the traditional fee-for-service plan or in the company's HMO, Deere officials said they hope 15,000 employees, dependents and retirees make the switch to the Family Health Center. Those employees who are in the HMO or who join the Family Health Center will enjoy first-dollar coverage for all medical care, while those enrolled in the traditional plan must pay out-of-pocket costs for some services, such as office visits and preventive care.

"As with all employers, Deere & Co. is faced with the challenge of providing high-quality health care

for its employees on a cost-effective basis," said Hans W. Becherer, Deere chairman and chief executive officer, in announcing the program. "The cost of health care is becoming an increasingly important issue."

Becherer said "a significant body of research" backs up the company's contention that a "staff model" plan such as the proposed Family Health Center is "the most effective managed care system available."

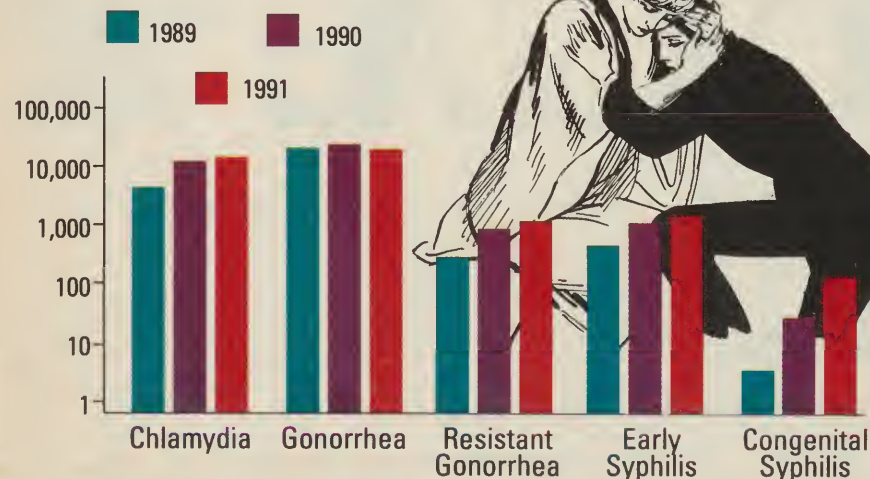
Deere made its announcement in cooperation with Minservco, a corporate affiliate of the Mayo Clinic in Rochester, Minn., and the United Auto Workers, which represents about 7,000 Deere employees in the Quad Cities. And although Deere calls the Mayo Clinic a "partner" in the venture, the company has not revealed whether Mayo physicians will actually provide care for Deere employees.

According to a company news release, Mayo will assist Deere with "administration, continuing education, medical consultations and simplification of referrals, as well as a variety of other activities." The release

(continued on page 14)

Physician Facts

Illinois reported STDs*



Source: Illinois Department of Public Health
*Jan. - May 1989, 1990 and 1991

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Edgar signs FY '92 budget; old bills have priority

by Tamara Strom



SAYING THEY "CUT close to the bone," Gov. Jim Edgar July 29 signed into law all of the appropriation bills making up the state's balanced fiscal year 1992 budget. By signing the legislation, Edgar put the wheels in motion for the state to pay the stacks of old bills physicians submitted for medical care provided during the last fiscal year to public aid patients and state employees.

But although the budget allocates \$555 million to pay these outstanding bills and bring the Medicaid payment cycle down to 60 days, physicians may spend much of this fiscal year the same way they spent last year – waiting for the mailman. According to the Illinois Department of Public Aid and the governor's chief budget official, no bills from fiscal 1992 (those submitted for care delivered after June 30) will be processed until last year's bills are paid.

And the state has "no illusions" of paying off all the bills overnight, said the governor's budget director Joan Walters. "There just is not enough liquidity to bring [the payment cycle] down quickly," she said, adding that the touted 60-day payment cycle is only a target for the end of fiscal 1992. "We must work at it over the next year. Providers won't see a tremendous difference for some time, unfortunately."

The budget director explained that while the old bills will be processed first, many competing demands for available funds in the state's treasury exist during the first three months of any fiscal year. For example, the state must continue to meet its payroll, she said. "Providers will be paid as money in the General Revenue Fund becomes available," she added.

According to the Department of Central Management Services, which oversees the state employee health and disability plans, the outstanding bills submitted this spring by physicians who treat state employees should be paid in about four weeks. However, that timetable is dependent on the amount of money in the state's coffers in the coming weeks. Although many of the old bills are ready and waiting to be paid, the comptroller's office can authorize no more than \$3.5 million per day to pay these bills, said Helen Adorjan, a Central Management Services spokesman. She added that bills received by CMS in March and the beginning of April were slated for payment the first two weeks of August.

"It's a first-in, first-out basis for paying the bills," Adorjan said. "We hope to be down to a six- to eight-week payment schedule for this year's bills by September. We don't like the delay, but there's really nothing we can do about it. We understand [physicians'] frustration with the slow payments. We wish it could be different." IDPA has much the same outlook on paying its outstanding bills to Medicaid providers. "Although the old bills will be processed first, actually paying the bills

is totally dependent on money being available," said department spokesman Dean Schott.

'Tough decisions'

In signing the budget rife with spending cuts, Edgar denied charges that the new budget was balanced on the backs of the poor.

"Human services is not where this budget was balanced. This budget was balanced by making tough decisions, both in the General Assembly and the executive branch of govern-

(continued on page 14)

1991 reimbursement schedule for medical bills from state employee health plans*

Week of	Total to be paid	Dates bills received by the state for reimbursement
August 12	\$17,348,685	April 10 – May 6
August 19	\$17,005,542	May 7 – 29
August 26	\$19,006,742	May 30 – June 18
September 3	\$19,044,588	June 19 – July 10

* All payments are dependent on available funds in the Illinois treasury.

Source of data: Illinois Department of Central Management Services

Blue Cross[®]
Blue Shield[®]



REPORT

FOR *Illinois Physicians*

MANAGED CARE NETWORK PREFERRED

Effective August 1, 1991, Blue Cross and Blue Shield of Illinois (BCBSI) began offering our new managed care point-of-service product, **Managed Care Network Preferred (MCNP)**. The MCNP network of more than 1,500 primary care physicians and 4,500 specialists was built using our PPO Plus network as a base. Ameritech is the first group to select our MCNP program and now offers the benefit option to 7,000 management employees and on a voluntary basis to IBEW employees.

AMERITECH

Ameritech is the Chicago-based parent of Bell companies serving Illinois, Indiana, Michigan, Ohio and Wisconsin, and of other information-related companies providing mobile communications, directory publishing, lease financing and voice messaging services. The company has 76,000 active employees, 45,000 retirees and total 1989 revenues of \$10.2 billion.

BENEFIT HIGHLIGHTS

Under MCNP, participants will select a Personal Care Physician (PCP) who will provide and oversee their health care. In order for participants to receive the higher level of benefits available under MCNP, all services rendered to participants must be provided or referred by the Personal Care Physician. Under MCNP, participants always have the option of seeing non-participating physicians at any time they wish. Services, however, will be paid at the lower level of benefits available under MCNP.

Under the MCNP program, the Personal Care Physician and Specialist will be reimbursed for services rendered according to our PPO Schedule of Maximum Allowances. In addition, the Personal Care Physician will receive an administrative payment each month in compensation for the performance of managed care activities required under MCNP and not reflected in the PPO Schedule of Maximum Allowances.

Reminder: The Personal Care Physician and Specialist have agreed to bill Blue Cross and Blue Shield of Illinois directly and to accept reimbursement based on this fee-for-service schedule. Further, the Personal Care Physician and Specialist will not attempt to bill MCNP patients in excess of the maximum allowance according to our PPO Schedule of Maximum Allowances. The Personal Care Physician and Specialist may bill patients, however, for co-pays, deductibles, co-insurance or any other non-covered services. (For Ameritech, well-baby and -child visits are subject to a \$5 co-pay while any other visits require a \$10 co-pay.)

Provider Claims Summary Update: Effective this month, the following new message will be printed on your Provider Claims Summary (PCS) to reflect and explain any Cost Containment Program or Preferred Provider Option (PPO) Program reductions: "Program requirements as identified by the member's contract have not been fulfilled. This is a patient liability."

If you have any questions about Managed Care Network Preferred, please contact our MCNP Department at (312) 938-7433.

(8/16/91)

Editorial

Corporate medicine: A hot new trend that leaves physicians cold

A few days ago an alert reader sent in a most disturbing item, one of those so-called "public interest" ads. It was signed by Caterpillar, a major manufacturer in the state. The topic? Health care.

The sky is falling, warns the ad, and we all have to do our share in propping it back up. Costs are skyrocketing, and predictions for American jobs and American profits are glum indeed.

And just exactly what does Caterpillar suggest? Well, it says, perhaps labor will have to accept deductibles and co-payments, ceding the first-dollar coverage that's been a traditional component of its contracts for decades. It doesn't come right out and say that perhaps retirees may have to start paying for some or all of their health care coverage, but notes pointedly that the escalating cost per employee includes retiree medical expenses.

There are few suggestions more likely to set off unions than these: Give up first-dollar coverage and make retirees pay for health care. But wait: The company has another suggestion at the ready.

Perhaps we should consider opening our own clinic, the company says. In other words, Caterpillar can go into the health care business.

Don't give Caterpillar too much credit for dreaming up such an appalling plot: That exact scenario is being played out right now in Rock Island, where John Deere recently announced that in addition to tractors and lawn cutters, Deere is going into the health care business.

Deere plans to own and operate, through a management arrangement with the Mayo Clinic, its own private health care system complete with physicians, clinic and a relationship with a hospital to which it can refer patients needing tertiary care. (Here's a hint: The name of the state in which that hospital is located starts with an M, not an I.)

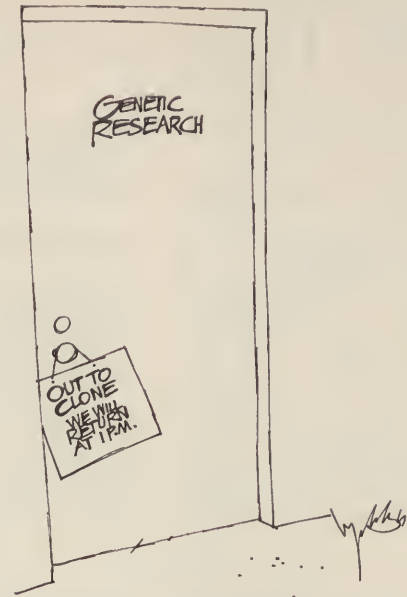
By going private, Deere hopes to control several factors of health care expense. The first of these is hospitalization expenses. Through its arrangement with the Mayo Clinic, Deere will transfer its insureds needing hospitalization to Rochester. The Mayo Clinic does not, to our knowledge, carry a large load of uninsured or charity care that must be covered by cost shifting.

The second factor of health care expense Deere hopes to control is its CPS: Cost of Physician Services. Medical care at the new facility will be provided by doctors hired by Deere. These salaried employees will no doubt be well motivated by their employer to control costs.

Is this any way to bring health care costs down? Deere will expend millions of dollars in capital to build a clinic, will invest hundreds of thousands of dollars to buy medical equipment, will take on the cost and administrative burden of running and managing a clinic – all in the name of reducing costs.

If Deere can do it, and Caterpillar can do it, what's to keep Continental Bank, or Sears Roebuck or Archer Daniels Midland from doing it? More important: Will the care provided in corporate medical settings be driven by quality or by cost? The component of the health care equation most at risk in corporate medicine is quality of care.

Here's the real bottom line: If corporate medicine becomes the hot trend of the '90s, private practice physicians may be left out in the cold. Big Brother-supported medicine, whether it's underwritten by Uncle Sam or Br'er Deere, is bad for your health. ▲



President's Column

Damned if you do and damned if you don't



Robert M.
Reardon,
M.D.

The headline refers to those no-win situations we all find ourselves in occasionally, at home, at the office, in the hospital.

Today it refers increasingly to physicians' participation in health care's changing environment.

In Rock Island, John Deere & Co. has announced plans to establish its own health care facility to try to control health care costs. Caterpillar alludes to the Deere plan in an advertisement aimed at its union workers as a viable option to control spiraling health care costs. In my home town of Bloomington the grapevine says that a major employer is negotiating privately with area hospitals for "preferred" rates for insured employees.

What is the role for the doctor in these conversations?

Damned if we do: Doctors who do work at influencing change, who share their expertise, experience and perspective do so in the shadow of the federal government looming large in the form of antitrust provisions. The most recent issue of *Medical Economics* cites a new and much tougher attitude on the part of the FTC toward any type of joint physician activity.

And damned if we don't: Doctors who do not take an aggressive position toward influencing change in health care in their community stand an excellent chance of being excluded from the health care equation of the future. No one is quite sure how Deere will contract for physician services in their new scheme of things – and since physicians weren't included in the development discussions, they may have little or no influence over the result.

In issues of corporate clout, as evidenced by Deere, Caterpillar and others, employers appear to be turning to hospitals as the source and center for change in health care. Physicians who should – who must – be involved in those changes are not included or are invited on board at the last minute and allowed little or no substantive input. In the Deere

program, the Rock Island County Medical Society was invited to the press conference at which the new venture was announced – and that was the first notice the physicians of Rock Island received.

It disturbs me greatly that hospitals seem to be taking over the right and proper role of physicians in these discussions and in the provision of health care. In an attempt to be competitive in the deregulated marketplace, hospitals are challenging private practice for all kinds of preventive and wellness-oriented health care programs. And yet it is physicians, not hospitals, who are responsible for the patient's health.

And we find our profession fragmented – if we do take an aggressive role, demanding our proper seat at the table in discussions like those that led to the John Deere proposal, we chance being hauled into court on antitrust grounds.

If we do not actively work to take that leadership role, we lose any chance to influence the outcome.

Damned if we do and damned if we don't.

Times of crisis, the Chinese say, are times of great opportunity. We live in a time of great transition and great change. In 1975, a similar crisis gripped medicine in the form of the professional liability situation. As a profession and as a medical society, we worked together and transformed that crisis into a brilliant opportunity for corporate growth.

It is my hope that we can seize today's opportunity and create a structure that will allow us to participate in the construction of our own future. ▲

Robert M. Reardon, M.D.
President

Illinois Medicine

VOLUME 3, NUMBER 15

AUGUST 16, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.

Members in the News

by Anna Brown

Philip B. Gorelick, M.D., of Lincolnwood, joined the faculty of the department of neurological sciences and the staff of the Rush Alzheimer's Disease Center at Rush-Presbyterian-St. Luke's Medical Center, Chicago. Dr. Gorelick has been named associate attending physician and associate professor of neurological sciences.

Seymour Metrick, M.D., of Glencoe, was awarded membership in the American College of Physician Executives, the nation's only educational and professional organization for physicians in medical management. Dr. Metrick is chairman of the department of pediatrics and director

of the pediatric residency program at Lutheran General Children's Medical Center in Park Ridge. A graduate of the Chicago Medical School, he is also a clinical professor of pediatrics at the University of Chicago.

David A. Dohse, D.O., of Naperville, and **John M. Herbick, D.O.**, of Evergreen Park, joined the medical staff at Palos Community Hospital. Dr. Dohse, a member since 1986, received his medical degree from the Chicago College of Osteopathic Medicine. Dr. Herbick, a member since 1985, received his medical degree from the University of Osteopathic Medicine in Des Moines, Iowa.

Six members recently joined the medical staff of Elmhurst Memorial Hospital in Elmhurst. **Ahmed Mohiuddin, M.D.**, of Warrenville, specializes in allergy treatment; **Lori S. Shelnitz, M.D.**, of Elmhurst, dermatology; **Kurt K. Nakaoka, M.D.**, of Chicago, emergency medicine; **Vijayalaksh Rajaram, M.D.**, of Oak Brook, physical medicine and rehabilitation; **Robert C. Janda, M.D.**, of Downers Grove, gastroenterology; and **Matthew J. Bueche, M.D.**, of Naperville, pediatric orthopedics.

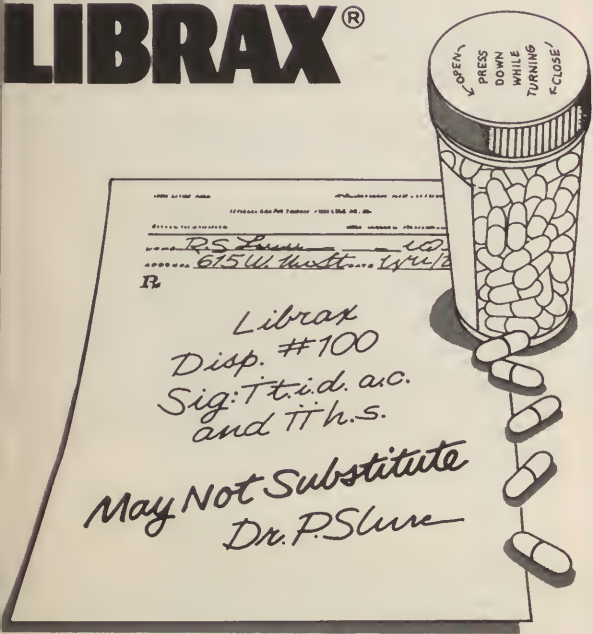
Jacob D. Bitran, M.D., of Northbrook was appointed director of the Division of Medical Oncology and Hematology for the department of medicine, and administrative direc-

tor of Cancer Care Services at Lutheran General Hospital in Park Ridge. Dr. Bitran is a professor of medicine and director of clinical research development for the section of hematology and oncology at the University of Chicago. A 1971 graduate of the University of Illinois College of Medicine, Dr. Bitran specializes in autologous bone marrow transplants for treating cancer. ▲

Send news of honors and appointments to Anna Brown, % Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602.

Specify Adjunctive

LIBRAX®



Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows: "Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br. **Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug. **Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Roche Products

Revised: February 1988
Roche Products Inc.
Manati, Puerto Rico 00701

IN IBS,*
WHEN IT'S BRAIN
VERSUS BOWEL,

IT'S TIME FOR
THE PEACEMAKER.

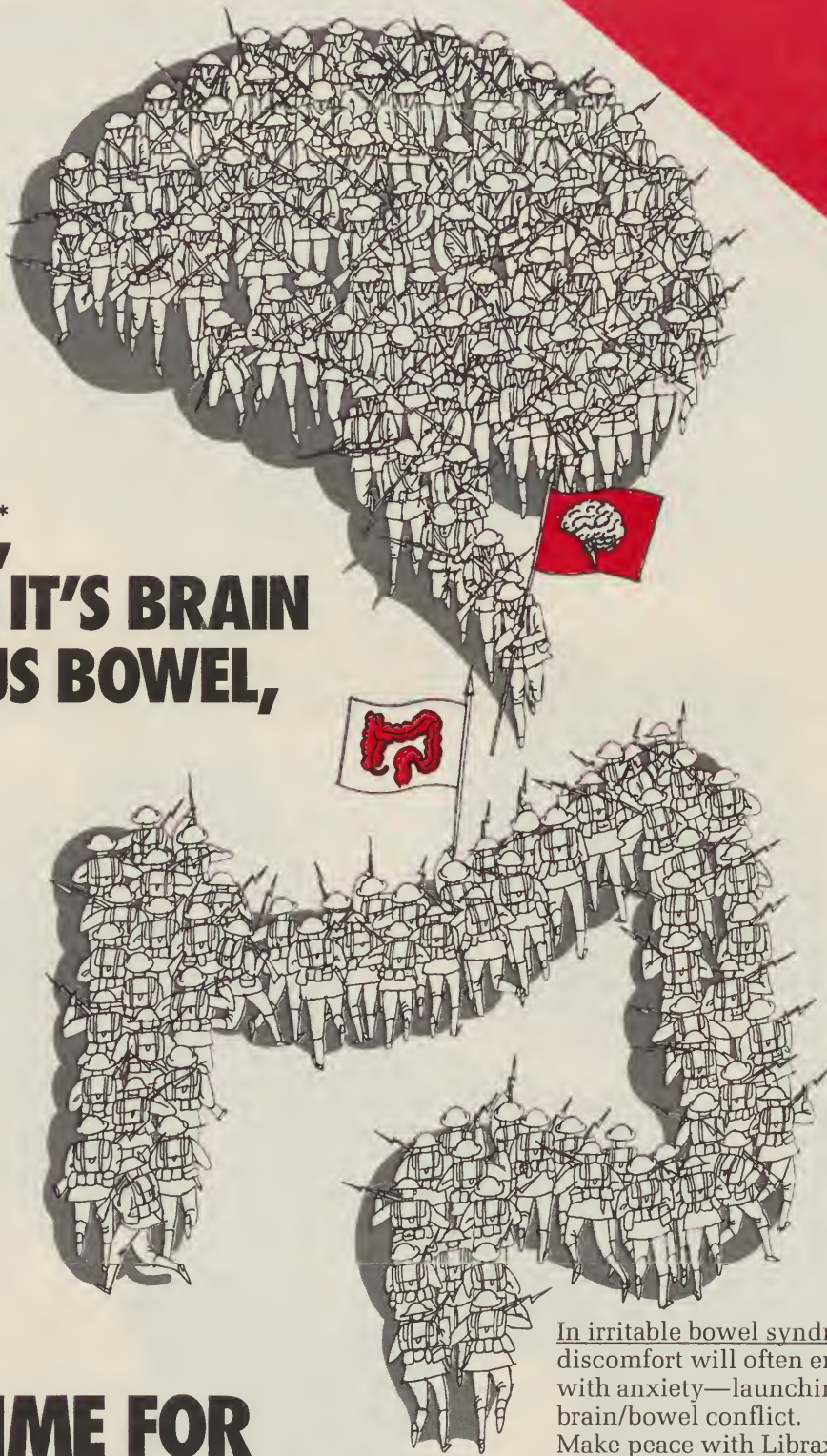
*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

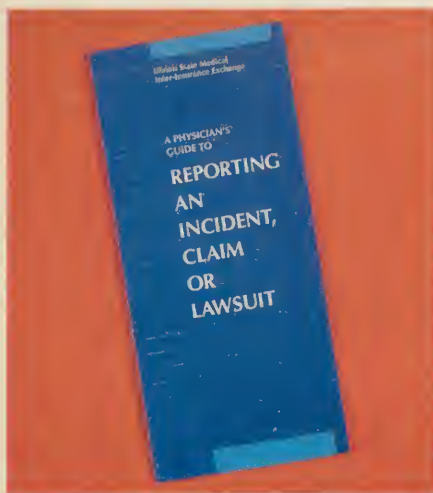
LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Copyright © 1991 by Roche Products Inc. All rights reserved.



In irritable bowel syndrome intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.



The Exchange is mailing its policyholders copies of a new brochure on how to report incidents, claims and lawsuits.

Exchange brochure clarifies incident reporting

by Anna Brown

WHEN A PHYSICIAN ignores an incident that could lead to a malpractice claim, an unnecessary lawsuit might result. But even reporting seemingly non-negligent events to the Illinois State Medical Inter-Insurance Exchange can considerably help the investigation of an incident or potential claim; sometimes a suit can be avoided altogether.

The Exchange published its new brochure, "A Physician's Guide to Reporting an Incident, Claim or Lawsuit," to help diminish physician concern and encourage the immedi-

ate reporting of incidents, claims and lawsuits.

An incident is an event arising out of medical treatment that may represent future claims. At this early stage, prompt recognition and reporting of incidents allows for early investigation. A claim is a threat of litigation, or a formal demand for compensation arising from treatment of a patient. A lawsuit differs from a claim in that the defendant is named in a legal action. In a suit the defendant receives a document called a complaint or declaration, which gives notice of the alleged facts constituting the cause of the action.

That a physician might shy away from reporting an incident is understandable, says Jere E. Freidheim, M.D., Exchange Risk Management Committee chairman. "There are several reasons why physicians might not report an incident," he says. "They are afraid it might affect their insurance rate. Or, they might think they could wish the incident away, which of course you can't. But mostly the physician thinks reporting is going to affect his or her record, and this isn't true." Dr. Freidheim believes the brochure is necessary because doctors are not reporting incidents taking place in hospitals or of-

AXID® (nizatidine capsules)

Brief Summary: Consult the package insert for complete prescribing information. **Indications and Usage:** 1. Active duodenal ulcer—for up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. Maintenance therapy—for healed duodenal ulcer patients at a reduced dosage of 150 mg b.i.d. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency. 3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests: False-positive tests for urobilinogen with Multistix® may occur during therapy.

Drug Interactions: No interactions have been observed with theophylline, chlorazepate, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility: A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 560 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid. Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established. **Use in Elderly Patients:** Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic: Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular: In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS: Rare cases of reversible mental confusion have been reported. **Endocrine:** Clinical pharmacology studies and controlled clinical trials showed no evidence of androgenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic: Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumentary: Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity: As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported. **Other:** Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

PV 2091 AMP
[091190]

References

1. Data on file, Lilly Research Laboratories.
2. *Scand J Gastroenterol.* 1987;22(suppl 136):61-70.
3. *Scand J Gastroenterol.* 1987;22(suppl 136):47-55.
4. *Am J Gastroenterol.* 1989;84:769-774.

NZ-2943-B-149347

Additional information available to the profession on request.



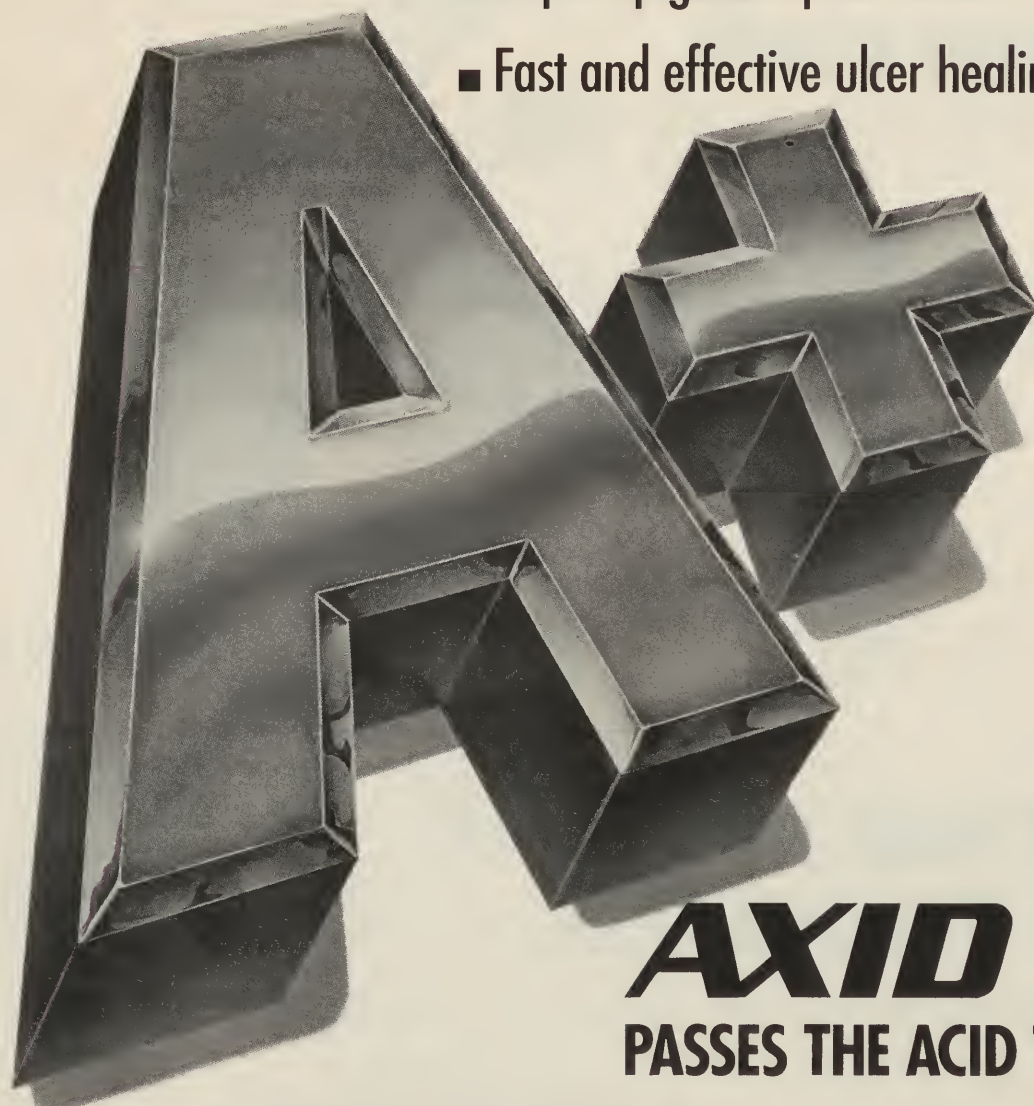
Eli Lilly and Company
Indianapolis, Indiana
46285

For excellent response in the treatment of duodenal ulcers...

AXID® nizatidine

has the right answers

- Rapid epigastric pain relief^{1,2*}
- Fast and effective ulcer healing^{2,3,4}



AXID

PASSES THE ACID TEST

*Most patients experience pain relief with the first dose.
See adjacent page for references and brief summary of prescribing information.

NZ-2943-B-149347

© 1991, ELI LILLY AND COMPANY

fices until they are sued. "We felt that if we knew ahead of time that an incident had occurred, with the help of risk management and claims staff we could reduce the severity of any payout and perhaps prevent suits from happening," he says.

No negative effect

According to the brochure, incident reporting does not count against a policy in any way. "When an incident is reported early, a claims analyst can sometimes prevent a lawsuit from developing," says Dr. Freidheim, since much more time is afforded for investigation and the accurate recording of facts. "Unfortunately, if two or three years or more have gone by since the incident and no immediate report was made, evidence becomes fuzzy and the memory of witnesses or people involved might not be as good. They may have moved away, or even died. It's always better to have fresh facts."

The brochure also reminds policyholders never to respond personally to notification of a claim, and to report promptly any receipt of an attorney's lien, demand for compensation or threat of legal action as a result of treatment.

"Exchange staff are trained in how to respond to a suit, whereas physicians are not," notes Dr. Freidheim. "Anything we say to a plaintiff's attorney we can almost count on being used against us later on."

Best defense possible

Since legal counsel is assigned to Exchange policyholders who have been named in a suit, the brochure notes that lawsuits must be reported immediately. "The Exchange has gone to great lengths in screening the defense firms, and is always monitoring them to make sure they are doing the job to benefit policyholders and the company," says Dr. Freidheim.

The brochure also emphasizes the importance of trust and cooperation among the policyholder and Exchange staff. "Trust and cooperation are very important during a suit," continues Dr. Freidheim. "Once a suit is filed and the claims analyst and attorneys are assigned, they and the physician are a team. They have to work together."

In addition to advising swift incident reporting, the brochure is a useful tool for understanding the claims process. The nature of claims and manner of reporting are explained in detail, and tips on protecting the policyholder from future claims are included.

"I hope that policyholders will take this brochure seriously," says Dr. Freidheim, "and value it as an excellent risk management tool."

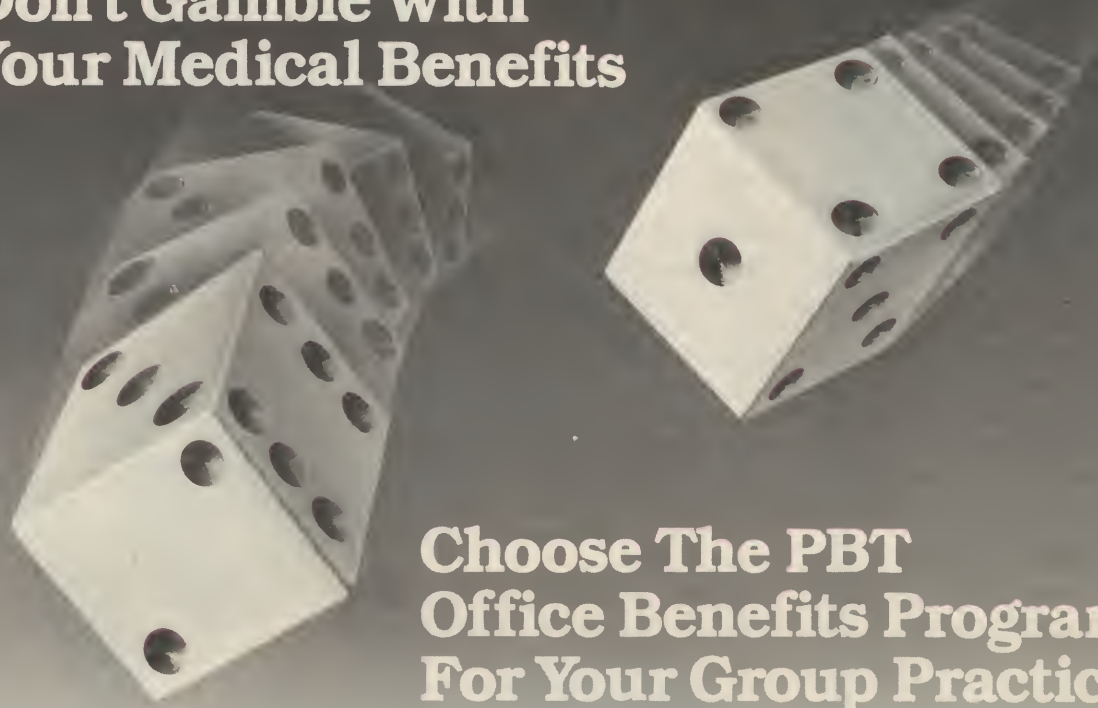
"We want policyholders to think of contacting the Exchange with all their malpractice concerns," says Henri S. Havdala, M.D., a member of the Exchange Risk Management Committee. "But the most important call we want to receive is when a policyholder thinks there could be a claim or suit arising out of an incident. This early contact can help us help the policyholder individually. It can never hurt the policyholder and probably can help him or her a great deal." ▲



Wm. Daniels/The Photo Partners

Illinois State Medical Society President Robert M. Reardon, M.D., gives Exchange claims analysts a lesson in ophthalmology. During his July 26 seminar, Dr. Reardon explained eye anatomy and common eye injuries and diseases to the claims staff. ▲

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Office Manager/Contact Person: _____

Options:

Practice Name: _____

☐ Dental

Street: _____

☐ Disability

City/State/Zip: _____

☐ Life

Telephone: _____

☐ Dependent Life

Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

ISMS

Impending federal lab rules will pose challenge to MDs

by Tamara Strom

THERE'S A DARK cloud looming on the horizon. And it's called CLIA.

With the U.S. Health Care Financing Administration poised to release its revamped Clinical Lab Improvement Act regulations, preliminary indications are that many Illinois physicians who operate office-based laboratories have a lot of work to do before their labs meet the expected quality standards.

Currently, only Illinois physicians with office labs that are required to obtain a permit under the Illinois Clinical Laboratory Act must register with the state and maintain strict quality control. Permit-level laboratories are those that perform more

than simple tests. (For a complete list of tests a physician can run and maintain an exempt-level laboratory, see chart below.)

But according to the Illinois Department of Public Health, the state agency responsible for regulating office laboratories, Illinois physicians fall short of the mark in monitoring the testing procedures they perform.

IDPH surveyors performed more than 500 on-site inspections throughout the state, and the department says physicians are not adhering to required quality and proficiency testing procedures.

The IDPH surveys cover 150 different aspects of laboratory operation. The Illinois lab act empowers the department to fine physicians found to be not in compliance. IDPH, however, has agreed not to enforce these penalties unless necessary. Under the federal CLIA regulations, however, doctors will not have the same luxury. In all probability, IDPH will carry out office lab inspections for the federal government. If shortcomings are found, physicians could face punitive action, including stiff financial penalties.

Short of the mark

"One of our greatest concerns about CLIA is that the feds want to implement it about four months after the regulations are published in the *Federal Register*," said Ken Mitchell, administrator, IDPH standards section. "A physician who waits until the regulations are published to begin getting his or her lab in compliance will be several months shy of being able to meet the mark."

Mitchell predicts it will take physicians six months of "reasonable effort" to get their labs into compliance with "reasonable standards." Once that initial time investment is made, compliance will be no more difficult than any other routine office procedure, he said.

"We know we're not going to change a physician's behavior overnight," Mitchell said. "Our hope is that with the Illinois regulations we can help them learn to do it better. Once the federal rules are implemented we will no longer be able to act as consultants or to help. The regulatory environment will be much more restrictive and rigid."

The Illinois lab act affords a permit exemption for some simple tests and for physicians who personally perform the testing. "But there is no possibility of any exempt labs under federal CLIA," Mitchell said. "There will be no physician exemptions."

This will pose a problem for Illinois physicians who are exempt now and thus are not actively regulated by the state.

"Under the federal rules, expected sometime in the next year, all physicians will have to register and file an affidavit stating which tests they perform, accompanied by a registration fee, even if the tests they do are in the waived category," he said.

The 'big three'

For physicians to put their office labs in compliance with the Illinois law, Mitchell says they first need to gain an understanding of "the big three" — procedure manuals, quality control and outside proficiency testing.

Many physicians rely on the procedure manuals supplied by testing equipment manufacturers, he said. This is a mistake, he explained, because manufacturers gear their manuals to a more technical audience.

"Physicians often aren't trained in medical school to do lab work," he said. "They often have perceptions that the kits they buy are all-inclusive. Some of the fault here lies with the manufacturers, who tell physicians the tests are so simple the receptionist can do them."

Because the manufacturer's manual is usually insufficient, Mitchell said physicians must construct their own manuals outlining proper testing procedures.

'Heart and soul' is quality control

But the "heart and soul" of the laboratory is quality control, Mitchell said, adding that some physicians neglect this aspect of compliance.

"Tests that are performed without quality control are worse than no tests at all," said Dick Waters, southern area supervisor for the IDPH laboratory regulation program. "The fewer tests you do, the more important quality control becomes. This is because the fewer tests you run, the less proficient you are."

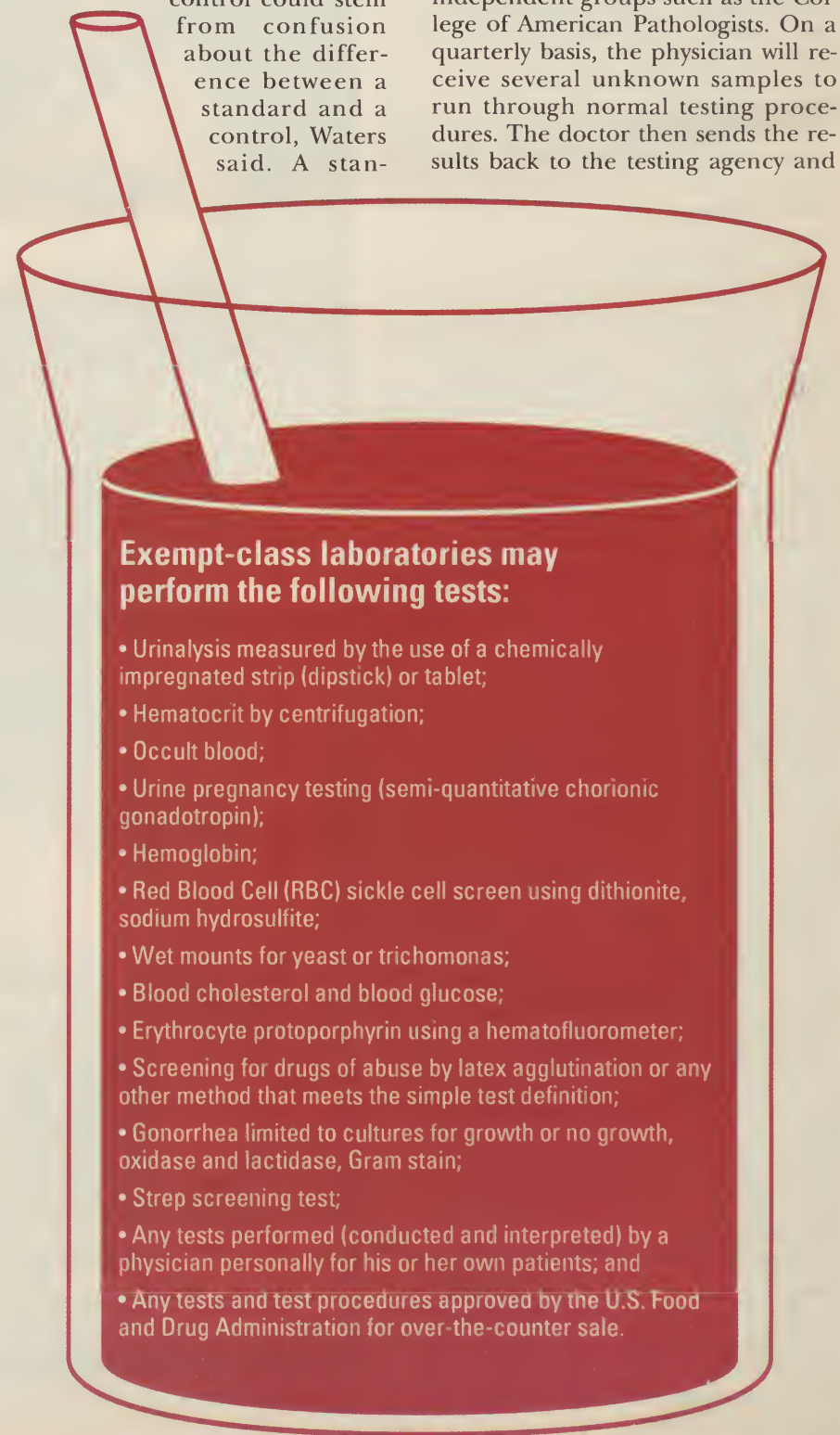
Doctors' difficulties with quality control could stem from confusion about the difference between a standard and a control, Waters said. A stan-

dard is a given value to which instruments are set, while a control is a test that is run as if it were an actual patient sample. "Running controls tells you your equipment is functioning properly," he said. "This needs to be done every day that tests are done in the office lab. That's the only way you know if your results are reliable."

Physicians must run both qualitative and quantitative controls to ensure their tests are accurate, Waters said. Quantitative tests, which yield a number result, are used for diagnostic procedures such as glucose tests. He said doctors should run a control at the low end of the range and another at the high end to cover the whole gamut of possible results. To check qualitative tests that give a "yes" or "no" answer, such as a pregnancy test, both a positive and a negative control must be run.

"Typically, the doctor should run controls first, so you know if there is a problem with the equipment before you test the patient," Waters said, adding that hospitals and independent laboratories run controls at the beginning and end of every run of patient tests they perform.

Physicians also must sign up for outside proficiency testing to check the quality of their lab results, Waters said. The testing is handled by independent groups such as the College of American Pathologists. On a quarterly basis, the physician will receive several unknown samples to run through normal testing procedures. The doctor then sends the results back to the testing agency and



Exempt-class laboratories may perform the following tests:

- Urinalysis measured by the use of a chemically impregnated strip (dipstick) or tablet;
- Hematocrit by centrifugation;
- Occult blood;
- Urine pregnancy testing (semi-quantitative chorionic gonadotropin);
- Hemoglobin;
- Red Blood Cell (RBC) sickle cell screen using dithionite, sodium hydrosulfite;
- Wet mounts for yeast or trichomonas;
- Blood cholesterol and blood glucose;
- Erythrocyte protoporphyrin using a hematofluorometer;
- Screening for drugs of abuse by latex agglutination or any other method that meets the simple test definition;
- Gonorrhea limited to cultures for growth or no growth, oxidase and lactidase, Gram stain;
- Strep screening test;
- Any tests performed (conducted and interpreted) by a physician personally for his or her own patients; and
- Any tests and test procedures approved by the U.S. Food and Drug Administration for over-the-counter sale.

THE GRADUATE SCHOOL OF MEDICINE

707 South Wood Street
Chicago, IL 60612

ACCME Accredited

September — November 1991

- ☐ Specialty Review in Dermatology
September 16 - 20, 1991
- ☐ Specialty Review
in General Surgery, Part II
September 16 - 23, 1991
- ☐ Specialty Review
in Cardiovascular Disease
September 23 - 27, 1991
- ☐ Specialty Review
in Medical Oncology
September 30 - October 4, 1991
- ☐ Specialty Review
in Gastroenterology
September 30 - October 4, 1991
- ☐ Specialty Review in Critical Care
Internal Medicine
September 30 - October 4, 1991
- ☐ Advances in
Anatomic and Clinical Pathology
October 14 - 20, 1991
- ☐ Specialty Review in Pediatrics
October 20 - 26, 1991
- ☐ Specialty Review
in Obstetrics and Gynecology:
Practical Aspects
October 27 - November 2, 1991
- ☐ Flexible Fiberoptic Sigmoidoscopy
November 2, 1991
- ☐ Fiberoptic Esophagogastric
Endoscopy
November 4 - 6, 1991
- ☐ Sports Medicine
November 6 - 8, 1991
- ☐ Advances in Internal Medicine
November 11 - 14, 1991
- ☐ Current Clinical Neurology
November 11 - 15, 1991
- ☐ Clinical Decision-Making
November 15 - 16, 1991

For complete information,
call toll-free

1-800-621-4651

or write to us at
707 South Wood Street
Chicago, Illinois 60612

Doctors should seek help to comply with Illinois lab regulations

by Tamara Strom

NO SHORT CUTS exist for complying with the Illinois Clinical Laboratory Act. But the Illinois Department of Public Health does offer a bit of advice for physicians who are trying to comply: Get some help.

The first step is to register and get a permit from the state if the tests performed do not fall under the exempt class of office laboratories. (See accompanying chart.) Although physicians should have registered their labs last year, it is not too

late to do so, the department says.

"We're not prepared to announce blanket amnesty, but there will be no punitive action taken against these physicians, even though they're a year late," said Ken Mitchell, administrator, IDPH standards section. "Frankly, punitive action will be taken by the implementation of CLIA. They will suffer that without our help."

After a physician secures a permit, he or she can contact the department and arrange for an educational survey. If a physician's lab is exempt,

Mitchell said the department cannot make an on-site visit. "We would be happy to answer questions from any physician in the state, but unfortunately we can't do an educational survey. The 700 or so permit-class labs we have to survey keep us hopping," he explained.

The department will supply exempt class labs with a copy of the compliance standards, but physicians will need assistance interpreting them. "They are written in the language of the laboratory," Mitchell said. "Physicians don't speak the lan-

guage."

He suggests physicians with exempt class labs hire a consultant or join the Commission on Office Laboratory Accreditation to obtain the necessary help to bring their office labs in compliance. COLA offers physicians a step-by-step, self-evaluation questionnaire that leads them through the process of rectifying any standards shortfalls.

For more information about meeting state and federal office lab regulations, contact the Department of Public Health at (217) 782-6747. ▲

the results are graded for accuracy.

One problem IDPH has identified in physician compliance with the proficiency testing is the expense. Yearly cost for the testing service is about \$300, Waters said, but this can vary depending on which agency is used. "This has been accepted in hospitals and independent labs as a necessary cost," he said. "Paying the sign-up fees and following through with the proficiency testing is just part of doing things right. If you can't afford to do it right, you shouldn't do it."

Writing the procedure manuals, setting up internal quality control checks and signing up for proficiency testing are "all very complex things that will take some time for a physician to accomplish," Waters said. "But the everyday things, such as running controls, documenting the results and reviewing them, become very rote after a while. But with some real effort these things become habit."

Eyes glazing over

The typical IDPH laboratory survey lasts three hours, and is a fairly quick and cursory scan of the regulatory compliance standards, Waters said. "For a surveyor to spend a whole day in a physician's office would be sensory overload for the doctor," he explained. "In fact, we see that in just the three hours we spend in the office. Their eyes start glazing over. It's an awful lot to grasp in that short a time. Medical technologists train for five years, so you could say we're trying to cram five years into three hours. It's just too much."

The more lab background doctors have, the quicker they will catch on to regulatory compliance, he said. "Physicians don't need to know it all, but they must know enough to look at the office and make sure that they're doing it right."

Physicians with permit-class labs can expect a second site visit from IDPH before the federal regulations are handed down. But Mitchell said physicians who have had two survey visits still may not be ready to comply with CLIA regulations. "These doctors will have a leg up. It's a chance to prepare," he said.

The final result of CLIA implementation probably will be fewer physician-operated office labs, Mitchell said, because it will not be easy or cheap to comply. However, for those doctors who decide it is valuable for them to get test results on the spot, he added, the cost in time and money to comply will be well worth the effort. ▲



SPECIALIZE IN AIR FORCE MEDICINE.

ER Physicians. Radiologists. OB/GYNs and other specialists! Today's Air Force gives you the freedom to specialize without the financial overhead of running a private practice. Talk to an Air Force medical program manager about the tremendous benefits of becoming an Air Force medical officer:

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay each year

Examine your future in the Air Force. Learn if you qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF



Illinois physician featured in AMA awareness campaign

by Anna Brown

AN ILLINOIS PHYSICIAN is featured in the Aug. 12 premiere of a public education campaign designed to strengthen bonds between physicians and patients and to promote awareness of several major medical issues. Sponsored by the American Medical Association, the ad profiles are running in *Time*, *Newsweek* and *U.S. News and World Report* through mid-March.

Kenneth A. Haller Jr., M.D., a Centerville pediatrician who also practices in East St. Louis, is the first of four physicians featured in the program. Dr. Haller was selected because of his work treating the medically underserved, one of five major health concerns of the AMA Board of Trustees. His efforts have helped to make a difference in East St. Louis, the fourth poorest community in the United States.

The profiles "demonstrate to members and non-members alike that the AMA is meeting its obligation as advocates of our profession," says James S. Todd, M.D., AMA executive



Dr. Haller, a pediatrician, treats an apprehensive young patient.

vice president. "They demonstrate to all the quality of physician the AMA attracts to its ranks."

Other issues addressed in the ad profiles are substance abuse, family violence, biomedical research and AIDS. Featured physicians are practicing AMA members in diverse specialties, located in various parts of the country.

Becoming involved

Dr. Haller drives a beat-up Ford through a city so depressed there are no gas stations or grocery stores. He works out of a public clinic, as well as in a trailer set up next to the high school. As he explains his reasons for participating in the AMA campaign, his patients, babies in the nursery, cry in the background.

"Part of the goal is to stimulate physicians to join the AMA," he says. "I hope the ads challenge other physicians to remember why they went into medicine in the first place. It is very easy to call the AMA or the Illinois State Medical Society to volunteer to become active on various committees and task forces. These organizations are very happy to have Illinois physicians participating.



"Children are the real victims of poverty. Imagine a 3-lb. 10-oz. human being who tests positive for cocaine."
Dr. Kenneth A. Haller, East St. Louis, Illinois

With a wall full of credentials, this 36-year-old pediatrician could have set up his practice almost anywhere.

Instead, he chose one of the most depressed inner-city environments in the U.S.

"The people here will tell you East St. Louis is a city without jobs. Without basic services. And some would say, a city without hope."

"We're seeing all the diseases of poverty," continues Dr. Haller. "Crack babies. Malnutrition. Congenital syphilis and AIDS. For a lot of these people, there's just a sense of hopelessness."

But Dr. Haller sees hope in the children. "These are bright, happy active kids. And I'm demonstrating to them that someone does care about them. That their existence does make a difference."

The American Medical Association (AMA) selects Dr. Haller in his selfless efforts to raise the

health standards and self-esteem of this community in need. And his colleagues in the AMA share his concern about bringing quality health care to underserved groups. It is fully in keeping with the AMA Principles of Medical Ethics set forth 144 years ago.

Today, over a quarter million AMA physicians are dedicated to providing medical care with compassion and respect for human dignity.

As Dr. Haller puts it, "Sometimes that's what people need. To have someone say 'you're important. You have a reason for being'."

If you would like to learn more about the AMA's position on people outside the health care system, call us today at 1-800-621-8335.

Or write Larry Jellen, Dept. 301, American Medical Association, 515 North Dearborn Street, Chicago, Illinois 60610 and we will send you our latest booklet called *Five Issues in American Health*.

American Medical Association
Physicians dedicated to the health of America



AMA Division of Membership

Kenneth A. Haller Jr., M.D., who practices in the East St. Louis area, is one of four physicians profiled in the AMA's new public awareness campaign. The ads began appearing in *Time*, *Newsweek* and *U.S. News and World Report* Aug. 12.

"Becoming involved in the community and being open with patients is very important," he continues. "I think physicians should let patients know what their limits are and sometimes say, 'We don't know what's going on, let's try to find someone else who can help you out.'"

"I also felt it was important to let the public know that the AMA has a code of ethics," says Dr. Haller, noting that the AMA first established its Principles of Medical Ethics 144 years ago. "Patients should feel they can challenge their doctors if they aren't living up to ethical standards. It's very important that the AMA is letting people know there are certain standards we're expected to live up to and that people have a right to expect certain things from their physicians."

On the other hand, he continues, "It is also important for people to appreciate what sorts of pressures physicians are under, what sort of job we do and what sort of hours we work. Physicians make a good living, but you can make a lot more money for a lot less hours by becoming a stock broker, and you end up giving a lot less back to society."

Raising self-esteem

In his profile, Dr. Haller describes the importance of nurturing self-esteem in his patients along with their health standards. "In my community I'm constantly seeing people on the edge, people who have been abused by other people and society, who have gotten messages all their lives that they are not good or not worthwhile," he says. "I hope what I can do is help them to see that their presence is very important, that their lives are important. This is certainly not accomplished with every patient, but when I see that something I said makes a difference in someone's life and makes their feelings about themselves more positive, that's the most rewarding part of my job."

One problem is that physicians only see their patients on an intermittent basis. Dr. Haller stresses the need to continue a general health care regimen, even when not at the doctor's office. "A lot of people are so caught up in their lives that they tend not to think about medical care until it becomes an emergency," he says. "People need to think ahead of

time, 'Where am I going to get medical care, who's going to take care of me if I get sick?'"

"Patients need to think about their health care all the time," Dr. Haller urges. "As health care professionals, we need to let people know that not only is this expected of them, but that they are capable of doing it. We're here to help them out with that."

Dr. Haller enjoys most the effect he can have on his patients, his community and now the country. "Anytime you do work that can have a positive impact on people's lives, that's what having a career is all about," he says. "Making people's lives more fruitful and joyous, that's what I hope I'm able to accomplish."

Prologue (continued from page 1)

"The Medical Practice Act clearly sets forth in paragraphs 4400-22 (A) (14) and (24) a physician is prohibited from participating and paying fees for patient referral services." Reardon has since left the agency.

If IDPR determined that Prologue's fee mechanism violated the Act, it could not sanction the company because it does not license referral or consumer information agencies. Consequently, only licensees, such as physicians, dentists, or other licensed professional health care workers, and institutions participating in Prologue or similar services would be vulnerable to an IDPR enforcement action.

IDPR General Counsel Thomas Chiola, however, reaffirmed a pledge made by the department's previous administration that it is not contemplating any action against physicians participating in such programs until it has reviewed Prologue's anticipated proposal. To date, IDPR has not contacted or disciplined any physician or other licensed health care worker participating in Prologue.

"We don't want to panic physicians. We will take a look at how these referrals are made," said Chiola. "The referral groups are trying to come into compliance."

IDPR Director Nikki M. Zollar, appointed by Gov. Jim Edgar in Jan-

uary, affirmed the department's position in a June 4 letter to the Illinois State Medical Society.

"We are grateful to the department for withholding action against physicians who may have been unaware that such services might constitute a violation of the Medical Practice Act," said ISMS President Robert M. Reardon, M.D. "Physicians, however, should be aware of the potential problem." Dr. Reardon is not related to the former IDPR general counsel.

Physicians pay a 'marketing' fee
Prologue has been operating in the Chicago market since August 1987. As of April 1991, Prologue had listed 1,769 licensed professional health care providers in the Chicago area and northwest Indiana in its Chicago information data base, Dunlap said. Prologue advertises heavily, primarily on television, in the eight U.S. markets where it currently operates.

According to Dunlap, physicians pay a "marketing" fee for each patient "who keeps the initial appointment," made by a Prologue operator. "That fee is charged whether or not the patient ever comes back, receives any services, is charged for any services, pays for any services or whatever," Dunlap said.

There is also a one-time enrollment fee for compiling the information for the data base, and an annual or monthly data base maintenance

forms in OBRA-89," the subcommittee letter states. "The purpose of the resource-based fee schedule was to more fairly compensate physician services across specialties and geographic areas. Controls on increases in Medicare outlays for these services were separately addressed by the establishment of volume performance standards. Clearly, the fee schedule was not designed as a cost-containment tool.

"We believe that the [rule] must be revised in a manner that is consistent with the intent of the OBRA-89 legislation," the letter continues. "We are anxious to work with you to restore budget neutrality under the fee schedule, and to assure timely implementation of these reforms."

Among the Illinois lawmakers who signed the letter are Rep. Terry Bruce (D-Olney), Rep. Cardiss Collins (D-Chicago) and Rep. J. Dennis Hastert (R-Batavia). Much of the hope springing from the Capitol about revamping RBRVS is the bipartisan support of the effort.

There is widespread agreement among the committee members that the proposed implementation "needs to be changed," said an aide to Rep. Hastert. She indicated that the proposed rules "set a bad precedent" because they break a congressional promise to the medical community that signed on to the concept of payment reform and entered the negotiations in good faith.

"We have to be working with physicians," she said. "If Congress is going to break its promises when the medical community comes to the table, there is no reason for physicians to want to participate. Physicians are a critical component of the equation. Something's going to have to be done. If not, Congress may have to



U.S. Rep. J. Dennis Hastert also is supporting RBRVS corrective action.

pass legislation correcting it, but I don't think it will get that far."

Physician letters to the Illinois delegation helped create the dramatic turnaround in Illinois congressional attitudes toward RBRVS, said Illinois State Medical Society President Robert M. Reardon, M.D.

"The efforts of the membership seem to have begun to pay off," Dr. Reardon said. "We've been getting positive feedback from members of Congress about improvement in the RBRVS situation. However, we must be cautious and continue to be ever vigilant in our efforts to rectify the budget-cutting aspects of RBRVS."

Legislative remedies set

But in case HCFA does not fix the conversion factor, a move is now afoot in Congress to reverse the steep rate reductions through legislative remedy. Calling it an action of last resort, Rep. Pete Stark (D-Calif.) introduced H.R. 3070, a bill mandating that HCFA implement RBRVS without cutting physician spending as Congress intended.

While introducing the bill July 29, Stark, chairman of the health sub-

committee of the Ways and Means Committee, said he will not "let the administration trample on the deal" Congress made with physicians.

"My colleagues know that I am deeply concerned by the rapid rise in the cost of Medicare's Part B program," Stark said. "I am the first to say that Medicare payments for physician services are increasing too fast and must be slowed."

But H.R. 3070 is "not about how much we should pay physicians," he noted. "Rather it is about whether or not physicians can deal with Congress in good faith."

PPRC criticizes RBRVS

Also getting into the act is the Physician Payment Review Commission, an independent federal advisory panel set up by Congress. In an Aug. 1 publication, the commission released its comments on the proposed Medicare payment system, criticizing the conversion factor that will lead to 16 percent rate cuts for physician services by 1996.

The commission also takes issue with HCFA's proposal for a 3 percent behavioral offset to compensate for what the government believes will be an attempt by physicians to recoup half their lost revenues from the RBRVS reimbursement rates.

"Basically, HCFA is saying that physicians whose charges go down will attempt volume increases or implement different billing practices," commission chairman Philip R. Lee, M.D., told *Illinois Medicine*. "This 3 percent reduction together with a 16 percent conversion factor reduction is just too high. We certainly don't agree with [HCFA's] opinion that a 3 percent reduction is warranted. We're suggesting there is a different way that would prevent a distortion downstream in the relative values."

Dr. Lee said a more appropriate

formula would be to enact a 2 percent rate reduction over all the fees, not just the procedures covered under the fee schedule in 1992. The panel members suggest a 1 percent behavioral offset that would result in a total reduction in the conversion factor of 3 percent, not 10.5 percent as currently proposed.

"Many say there should be no behavioral offset, including almost all physician groups," Dr. Lee said. "There is only iffy research in this area. It's a judgment call. I believe it is likely there will be some [attempts to make up lost revenues], but we think HCFA is way at the extreme."

Dr. Lee said the changes the commission suggests to reduce the harsh rate reductions can be incorporated in time to get the payment reform system on-line by Jan. 1 as planned.

"We don't think [RBRVS] should be delayed, but we think it should be corrected before it's implemented. These are correctable by January, but it will require an open process with physician input," he said, adding work also is needed to correct flaws in the relative values HCFA has assigned to some procedures. "No more research is needed to determine correct relative values. What is needed is good physician judgment. That's what's been lacking."

Dr. Lee said it is "unfortunate" to see HCFA propose rules for a payment reform system that alienate most of the nation's physicians.

"When you reduce people as much as this proposal suggests, you run the risk of providers not being able to care for Medicare patients," Dr. Lee explained, adding, "In some states Medicare rates would be lower than those for Medicaid. The goal of this reform is not to make a Medicaid program out of Medicare. That would be intolerable." ▲

fee. Dunlap said the "marketing" fee varies among the markets according to advertising and promotion costs, but averages about \$80 per kept appointment. The one-time enrollment fee is about \$250 and the data base maintenance fees average about \$100 annually. Physicians are recruited either through hospitals, which may sponsor their physicians for the service, or directly, in specialties not covered by the hospital-sponsored physicians, Dunlap said.

Paragraph 4400-22 (A) (14) of the Medical Practice Act states that physicians can be disciplined for "Dividing with anyone other than physicians with whom the licensee practices in a partnership, Professional Association, or Medical or Professional Corporation any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered."

Dunlap said that Prologue fees do not violate the Act. "The fees we charge are for services we provide. None of our fees are a function of what the doctor may receive from a patient. If a patient keeps an appointment and the doctor doesn't charge the patient anything and the patient in fact never returns to the doctor, the doctor owes us exactly the same amount as if the patient came and stayed and brought family members and friends and came back to the practice five times."

Nonetheless, according to Jane McCahill, attorney for Prologue, IDPR has said it is "uncomfortable" with the fact that "physicians pay a fee that is related to a patient who

comes into that office." Consequently, both McCahill and Dunlap said the company has been testing alternative fee mechanisms in other markets. They said they would approach

IDPR within a month to describe the company's progress and to seek the department's input. ▲

Dialing for docs: How the Prologue system works

YOU HAVE NO DOUBT by now seen the commercials. They have been running in the Chicago area since August 1987.

The current one leads with the question "How do you find the best doctors in Chicago?" It then shows a Prologue operator talking to a caller. As the operator — the company calls them 'counselors' — leads the caller through the process of matching her needs with physician listings, superimposed graphics tell you that you may choose from 1,700 doctors from every part of the Chicago area.

"Our objective is to provide a good selection of doctors of all types throughout the geographic area reached by the media," says W.P. (Sandy) Dunlap, marketing vice president for Consumer Health Services Inc., the Boulder, Colo.-based firm that operates Prologue.

"We are not a referral service, we are an information service," Dunlap says. "We do not recommend a doctor. When a doctor joins the service — either sponsored by a hos-

pital or contracted with us directly — we collect information that may range from 15 to 25 pages depending on the specialty [and] covering 1,300 searchable variables of information about that doctor. As the consumers call and articulate their needs, we enter codes corresponding to those needs and it progressively narrows the data base."

As the process continues, the list of potential physicians is narrowed to two to six physicians who may meet the caller's needs. The physicians' practices are then described using information the physician has provided Prologue.

If the caller wants to make an appointment, the counselor places a conference call to the physician's office. An appointment is scheduled and several details, including the fee the physician will charge, are confirmed.

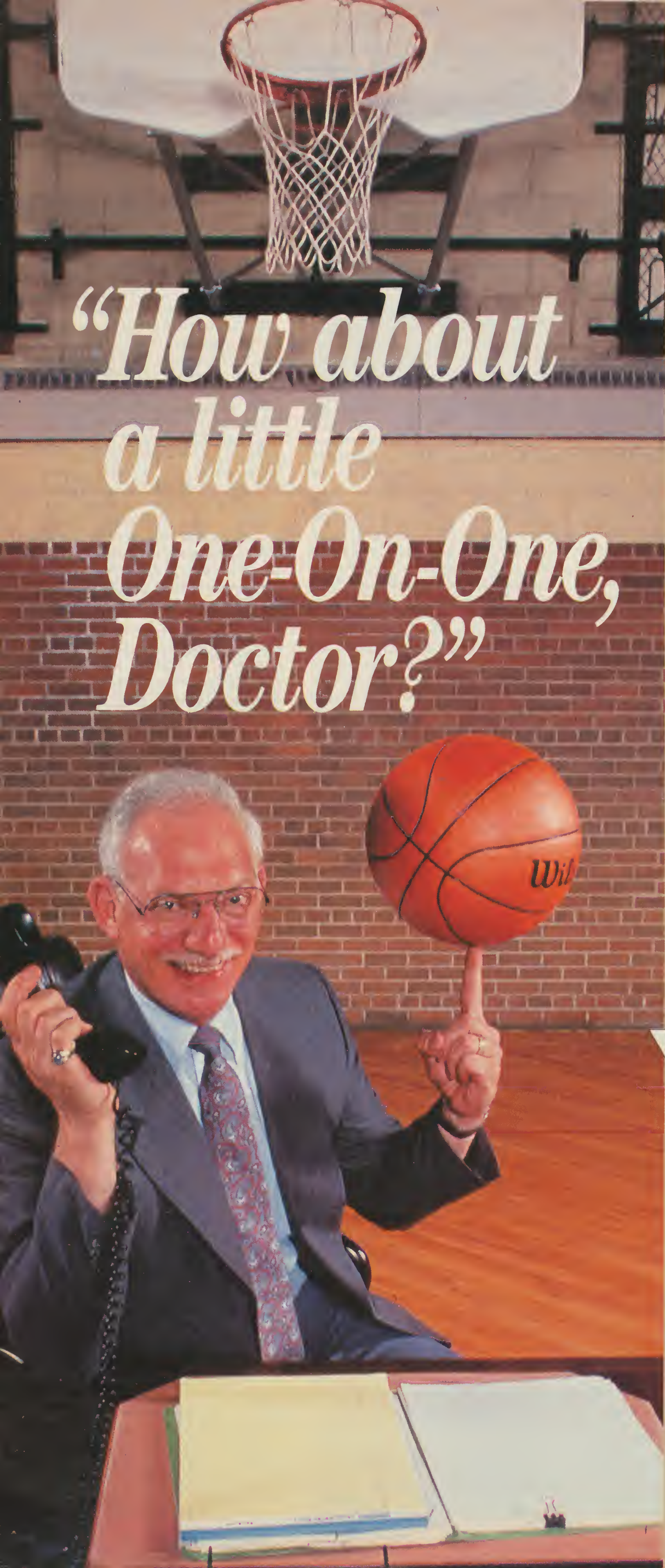
If the patient keeps the appointment, the physician is charged a "marketing" fee that averages about \$80. The physician has also already paid Prologue a one-time enrollment fee of about \$250 and

is charged a data base maintenance fee totaling about \$100 a year.

Dunlap acknowledged that the consumer's method of payment is one of the criteria used in the data base search, and that Prologue's list of physicians who accept Medicaid patients is limited. Claiming, however, that Prologue seeks to provide the market's "most extensive data base" on Medicaid providers, he said that medically indigent patients are directed to services, including sliding-scale clinics and government facilities. "We [also] maintain extensive lists of health care providers who accept Medicaid, and if [someone on Medicaid] calls, we will search through that data base and help you find a Medicaid facility and get you information on that facility." Dunlap said there are no charges for providing this service.

Dunlap said that of every 100 people who call, only about 25 actually select a doctor and make an appointment. ▲

— Kevin O'Brien



"How about a little One-On-One, Doctor?"

Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,000 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go "one-on-one" with the president of any other insurance carrier. Then call Henry.

P.S.—We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Group practice

(continued from page 2)

tatives surveyed, 174 respondents were from Illinois — 84 physicians, 81 health care executives and nine buyers of health care services. Illinois' 174 participants ranked first in number of respondents from all states. California had the next-highest number of participants with 160.

Morgan stressed that physicians should sit down with any new payment schedules, whether for government programs or private payers, and calculate "pen to paper" how payment reforms and changes in payer practices will affect their revenues. "Physicians need to do forward financial planning to cope with the coming changes in the health care industry," he said. "Few physicians have tried to make those computations."

To assess what impact new reimbursement schedules might have on a physician's practice, Morgan suggests first determining the impact of doing nothing to address the changes. "If the effect is negative enough, the doctor may need to make internal practice changes to cope with declining revenues," he said. "If revenues go down, you must affect costs if you want the same bottom line."

If all this talk about numbers and bottom lines sounds like business, that's because much of running a medical practice is no different than managing a retail store, Morgan said. He was careful to emphasize, however, that he does not view health care as a commodity. "Health care delivery is not a business," he

said, "but the non-doctor-patient aspects of a practice do require some business acumen."

Morgan said many physicians resist this characterization of medicine, although other professionals, including architects and lawyers, are undergoing similar changes. "I see the same kinds of reactions from other professionals," he noted. "What was once wide-ranging autonomy in the professions is being affected by outside interests and the financial side of things."

Physician respondents to the survey also were less pessimistic than their hospital and health care payer counterparts about impending changes to the health care delivery system. Morgan said he believes that is explained by hospitals' experience with the implementation of government-initiated payment reforms — the diagnosis-related groups (DRGs) for Medicare reimbursement.

Morgan predicts much of the coming changes will take physicians by surprise because they will occur quickly, with little warning. "The change in hospital payments (DRGs) was made over four years, and that was the first major alteration to the health care system in many, many years," he said. "But with that experience under the government's belt, subsequent changes will go forward faster, with more intensity."

To cope with growing intrusions from outside interests, the survey respondents predicted more physicians will join group practices. By 1996, the respondents predict, 40 percent of physicians will be affiliated with a group practice, up from 30 percent in 1988. These group prac-

tices likely will be affiliated with a hospital, the survey said. According to American Medical Association statistics, about 28.1 percent of Illinois physicians were in group practice in 1990.

"There is safety in numbers," Morgan said. "Physicians can gain confidence by consolidating their business units and sharing costs. Of course, everyone would like to practice on their own, but that's not always practical. Group practices probably would be able to offer patients more technology and ancillary services, because they would have more resources. They also would have more leverage in working out affiliation arrangements with hospitals."

Some practice changes that health care reforms force could put physicians into direct competition with

hospitals, the survey said. Physicians may have to shift more high-paying procedures from hospitals to their offices, respondents said.

Survey respondents were also asked about professional practice parameters. The results show that most health care professionals see practice parameters as the basis for most physician reimbursement by 1996. Although the respondents were divided about whether practice parameters will influence the quality of health care, most believe such standards will send physician reimbursements downward. Parameters of care also likely will cause physicians to practice more defensive medicine and add to the already spiraling cost of health care, survey respondents said. ▲

*As Healthcare Services continue to
change in today's
volatile environment,
so does your need for accurate
up-to-date information.*

You can stay current, informed, and in full control with

MEDICAL RECORDS AND THE LAW

This comprehensive, clear, and concise legal guide
provides an easy-to-use
reference on medical record legal issues.

FOR MORE INFORMATION CONTACT:
Central Office Coordinator at 312-685-IMRA
This valuable reference tool has been prepared
and published by the:
ILLINOIS MEDICAL RECORD ASSOCIATION
P.O. Box 34258
Chicago, IL 60634
COST: \$125.00 per manual
plus \$4.00 shipping and handling.

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

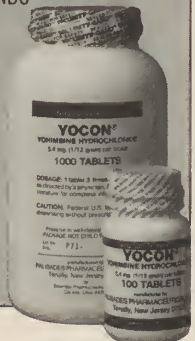
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

ment,” the governor said, adding that human service agencies such as public health, public aid, mental health, rehabilitation services and children and family services received modest increases.

“But this budget sets priorities,” he continued. “I believe the essential services were provided for in this budget. So while we had to make tough decisions, we did not make those decisions at the expense of those who are most needy. They were taken into consideration.”

Among the tough choices the governor alluded to are cutbacks in medical care for the state’s poorest citizens. As of Aug. 1, about 23,000 Illinois residents lost their public aid coverage for health care when the budget provision eliminating the Aid to the Medically Indigent program went into effect. Another 70,000 residents on the General Assistance rolls also had their public aid health care coverage curtailed as a result of the budget compromise. GA green cards for single adults no longer cover hospital care, said IDPA officials.

According to federal law, hospitals must treat indigent patients in emergency situations, public aid officials said. And a new state law supplements the federal mandate by requiring Medicaid-participating hospitals to provide equal access to available services to low-income Illinois residents. A new assessment program for health care facilities aimed at leveraging federal dollars will raise hospital payments suffi-

ciently to cover this anticipated increase in charity care, the department said.

The higher rates paid to hospitals under the assessment plan for care given to covered public aid patients will provide additional compensation to allow them to render more charity care. The funds will be an “incentive” to the hospitals to provide uncovered care to former public aid clients, IDPA said.

But persistent rumors that the U.S. Office of Management and Budget is close to sewing up what it considers a loophole in federal Medicaid laws that permits states to draw down federal matching funds call into question the future of Illinois’ new assessment program. Illinois Hospital Association officials, who fought hard for the assessment program as a temporary fix for low and slow Medicaid reimbursements, are “worried, but still confident” the program is safe for the time being.

Eighteen states currently participate in matching fund programs and another 18 are considering setting up similar programs, IHA said. Many observers believe the federal government may first outlaw voluntary assessment programs and severely restrict mandatory matching plans. Illinois’ program is a mandatory plan.

Shortly after signing the assessment bill into law, Gov. Edgar launched a lobbying campaign in Washington to retain the federal provisions permitting matching programs for Medicaid.

IDPA officials, too, are hopeful that the assessment program is not

in jeopardy. If the program is disallowed by action in the nation’s capitol, the public aid program will be in “very serious financial shape,” IDPA officials said. “It’s not only Illinois with its neck on the line here,” said IDPA’s Bill Oppen, adding that the National Governors Association is lobbying the Bush administration to leave the leveraging programs intact. “We think we’re on solid ground, but yeah, it’s a little iffy.”

Hard times still ahead

Although the governor was upbeat about achieving a balanced budget without tax increases and including the ability to pay nearly \$600 million in old bills, he predicted hard financial times ahead will mean the program cutbacks in this year’s budget won’t be easily restored down the road.

“This is a watershed year,” Edgar said. “We got the state of Illinois back on sound financial footing. But we must continue to be extremely frugal in the coming years.”

While the state may not be “roaring back” to the financial high ground, Edgar said he hopes the state is at least “creeping back.” But if the economy does not improve and state revenues do not hold their own, he said, the outlook for the fiscal 1993 budget would be even gloomier than this year’s.

“If we have to make cuts in fiscal ’93, it’s going to be extremely difficult,” the governor said. “We’ve cut more than the fat this year. We’re into the muscle and getting pretty close to the bone.” ▲

states only that the full-time staff physicians “will be selected under Mayo’s direction.”

Robert Avant, M.D., a Mayo Clinic family physician, said Minservco feels, “The John Deere Family Health Center is a unique employee health care alternative.” He added, “It will offer Deere & Co. the opportunity to better manage its health care investment while still assuring high-quality health care for its employees and retirees.”

But area physicians are casting a watchful eye on the program. The Rock Island County Medical Society is monitoring this new development in the Quad City health care arena very closely, said Jim Koch, executive director. “We are aggressively seeking answers from both Deere and the Mayo Clinic about how this new program will work,” Koch said, adding that medical society representatives and Deere officials will meet in the next few weeks to exchange information.

“It’s too early yet to know exactly what that effect will be,” he noted. “We want all the information we can get before we make a diagnosis of the situation. But, yes, the doctors around here are concerned.”

Deere’s 35,000 employees and dependents represent about 10 percent of the patient population in the Quad Cities, Koch said, a sizable portion of the insured patients. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and “call.” Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Wisconsin: 120-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires two BC/BE pediatricians to join department of 15 BC/BE pediatricians. Excellent compensation and benefit package, leading to shareholder status after two years. The community offers a superb recreational, cultural and family environment in which to practice. For information please call or write: Howard Kidd, M.D., La Salle Clinic, 411 Lincoln St., Neenah, WI 54956; 414/727-4276.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third year Ob/Gyn resident and first year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

Emergency medicine – ER group is in search of a full-time BE/BC EM, FP or IM for an active rural hospital two hours from Chicago. Send resume to Box 2197, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Family practice – hospital sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony’s Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12 hour days, including periodic weekends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Door County, Wis.: one to two BC/BE internists to join hospital-based physicians’ clinic. Modern, 89-bed community hospital with new outpatient services addition. Competitive guaranteed salary. Incentive package. Malpractice insurance. Attractive benefits. Exceptional four seasons recreation along Lake Michigan shores. Proximity to Milwaukee/Chicago. Top-rated schools. Quality community life. Send CV to Gerald M. Worrick, Administrator, 330 S. 16th Place, Sturgeon Bay, WI 54235.

Medical director. BE/BC IM or FP Physician needed for medical director at Henry Hill Correctional Center, Galesburg. Directors receive an excellent guaranteed clinical remuneration, administrative stipend and benefit package. If you feel imprisoned by private practice, our opportunity can free you from these headaches. For confidential consideration, call John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John “B”.

Internist needed to join one of the leading internal medicine practices in Kenosha, Wis. This is an opportunity to build a strong and vibrant practice within the first one to two years. Office conveniently located on the hospital campus. Kenosha provides an excellent quality of life: many choice yet affordable places to live, superior schools, proximity to recreational facilities, and central location less than one hour from either Chicago or Milwaukee. Compensation competitive including an incentive plan which provides enhanced earning potential. Contact Jan Channon 708/945-7717 or send CV to 1855 H Deerfield Rd., Suite 2300, Highland Park, IL 60035.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Chairman, department of internal medicine – Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy, a major Chicago multi-site medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

Primary care physicians for MOD coverage in central Illinois. Nights and weekends. Light workload. Malpractice covered. Illinois license required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

St. Charles. Probably the best opportunity for a primary care physician in the midwest. Our full-service medical facility is located in an extremely desirable growing suburb of Chicago. The St. Charles/Geneva community is quaint, yet progressive, financially strong, and very popular with young families. Our facility is state-of-the-art with on site x-ray, lab, pharmacy, surgical, electronic billing and more. We provide 90 percent of primary care needs for our patients and industrial clients – including immediate care. You will have the opportunity to enjoy immediate equity. You will be impressed. Contact Mark Lewis, M.D., 708/377-7979.

BC/BE radiologist wanted for part-time position. Private practice in a hospital setting. CT, MRI and some angiography/interventional experience required. Up to 18 full weeks per year which includes light call. Generous salary. Small college community in west-central Illinois. Send curriculum vitae with reply to Box 2198, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

SE Wisconsin pediatrics – unique opportunity for 1-2 skilled BC/BE pediatricians. Hospital management and start-up assistance available along with coverage from skilled BC colleagues. Be part of a new practice in a prospering community close to Milwaukee, Madison and Chicago. Contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Primary care physicians: full or part-time opportunities available in southern Illinois or various Missouri locations. Proper licensure required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Planned Parenthood seeks licensed Ob/Gyns for contraceptive care, gynecological exams and surgical services. PP/CA services include abortion, colposcopy, cryotherapy. Flexible hours at one of five locations. Competitive salary for both surgical and family planning services. Malpractice provided. Mail CV to: Medical Administration Director, Planned Parenthood, 17 N. State St., 15th Floor, Chicago, IL 60602. No phone inquiries.

BE/BC radiologist – partnership available in hospital practice at St. Mary's Hospital, Streator, which is a 240 licensed bed hospital with a service area of 35,000. Streator is located 100 miles southwest of Chicago. For further information contact Robert Gubbels, St. Mary's Hospital, 111 E. Spring, Streator, IL 61364; 1-800-325-7699.

Family practice and internal medicine: we are a growing, 20-physician multispecialty clinic seeking BC/BE physicians. Guaranteed first year salary with incentive program, signing bonuses, and excellent fringe benefit package. Located in southeastern Minnesota, Austin is a progressive community of 23,000 with public and parochial schools and an excellent higher education system. Call or send CV to Richard Graber, Administrator, Austin Medical Clinic, P.A., 1000 1st Drive NW, Austin, MN 55912; 507/433-7351.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Illinois Medicine/August 16, 1991

Internal medicine – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Ob/Gyn – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Prominent acne clinic in N.W. suburbs seeking dermatologist. Flexible hours. Send resume to Box 2199, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Staff physician, student health center, University of Illinois. McKinley Health Center, a JCAHO-accredited, student-oriented ambulatory care facility, is seeking primary health care physicians. Appointments are full-time, 12 months, academic professional, with comprehensive benefit package and competitive salary. Candidates must relate well to young adults. Illinois medical licensure required. Board certification/eligibility preferred. Complete position notice/information available from Lucille Isdale, Ph.D., Director, McKinley Health Center, 1109 S. Lincoln Ave., Urbana, IL 61801; 217/333-2711. Applications due by September 1, 1991; however this search will remain open until positions are filled. The University of Illinois is an AA/EOE.

Faculty – general pediatrician/ambulatory – the department of pediatrics, University of Illinois College of Medicine at Peoria, has a full-time faculty position at the assistant professor level available immediately. Will have teaching, service and research responsibilities. Must be board certified in pediatrics. Salary and tenure track commensurate with qualifications. The University of Illinois is an Affirmative Action – Equal Opportunity employer. Send curriculum vitae and three letters of reference to: William H. Albers, M.D., Professor and Chair, Department of Pediatrics, University of Illinois College of Medicine at Peoria, Box 1649, Peoria, IL 61656.

Situations Wanted

Board certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Well-equipped laboratory in professional building in midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Start or expand your practice. Great location and area for your business in the heart of expanding N.W. suburbs. Competitive rates. Call Century 21 – Halvorsen/Fred Kunz, 708/991-7886.

Buy direct and save hundreds of dollars! Brand name ECGs single and multi-channel, with or without interpretation, stress capable – and defibrillators – with thermal-array recorder, two-trace monitor with freeze, and 12 lead ECG capability. Buy or lease. Five-year factory warranties. Call 312/794-1749.

Elgin. Medical space available in fast expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Near lake. 32-unit courtyard building, two penthouse apartments with elevators, indoor garage, no deferred maintenance, nets \$160,000, asking \$1,225,000. East Rogers Park. Cash machine – 32 units plus nine stores, new boiler, many improvements, nets \$115,200, asking \$849,000, assumable mortgage at 10 percent, possible owner second. Remax Exclusive Properties – Chuck Stuparits, 312/918-2266.

Office space for lease. Oak Forest. Professional/business office space for lease. Suites 900 to 2,200 square feet/elevator building. Near RTA/Metra/x-way. Rate extremely competitive. 708/687-5200.

Miscellaneous

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll free dictation.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-786-3037 (24 hours). Alan D. Kirscher, M.A.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

☐ Largest pool of available physicians in the nation

☐ Network of 7 regional offices nationwide

☐ Expertise that produces unparalleled results in recruiting quality physicians

☐ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

with all the ho
In witness therer
the twentieth day
hundred seventy-fiv



WE NEVER FORGET WE'RE DEFENDING A REPUTATION.

Years in the making, a reputation can be jeopardized in a moment. Your professional liability insurer should understand that the stakes in a suit include more than the protection of your financial assets.

The state's first, largest and most experienced physician-owned insurer understands. The Exchange aggressively resolves lawsuits brought against our policyholders. We are motivated by the long-term consequences on our physicians, and their lives.

Our policyholders have invested their lives in their profession. They know they can expect the Exchange to protect their investment.

ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine

Physician
Review Committee... 6

August 30, 1991

ILLINOIS STATE MEDICAL SOCIETY

HHS issues federal anti-kickback regulations

Inspector General outlines 11 'safe harbors' for MDs

by Tamara Strom

PHYSICIANS WITH VESTED interests in business arrangements involving medical care should examine their investments closely to determine if they fit into one of the new federal government-approved "safe harbors."

With the U.S. Office of Inspector General's July 29 release of final regulations on the Medicare and Medicaid anti-kickback statute, physicians may now find some of their business ventures not covered by the rules. Four years in the making, the rules went into effect upon publication in the *Federal Register* last month. Congress in 1987 directed the U.S. Department of Health and Human Services to compile the safe harbor regulations to clarify the anti-kickback law.

Aimed at "restricting the corrupt influence of money" on physicians' referral decisions, the regulations outline 11 business practices legal under federal law, HHS said. All safe harbors covered by the rules are considered "legitimate and beneficial business practices" and are therefore exempt from civil and



Capitol photo by Louise Noakes

criminal prosecution under the statute, according to the department.

What is most confusing about the regulations is that they do not specify which business arrangements are illegal. Instead, they list only the 11 "arrangements" exempt from possible prosecution. All other arrange-

ments may or may not be illegal; the government is providing no further details at this time. However, additional safe harbors are expected to be released in the future.

Adding to the confusion, HHS said it will not issue advisory opinions on

(continued on page 13)

New rules could hurt patient access

by Tamara Strom

AIMED AT PREVENTING kickbacks for Medicare and Medicaid referrals, the federal government's new "safe harbor" regulations may instead create barriers to patient access, some Illinois physicians say.

"These rules have generated an atmosphere of fear and confusion in the medical community because they don't define right from wrong," said Lizbeth Taylor, M.D., a Pekin internist and president of the Tazewell County Medical Society. "Some physicians are running perfectly legal practices but, because they aren't sure if their lab or equipment fits into a safe harbor, they're going to stop offering the services. That's going to limit patient access to care."

Dr. Taylor said she has spoken with several physicians in Tazewell County who have decided not to perform lab tests in their offices, opting instead to refer patients to hospital laboratory facilities. "Less expensive access to care is going to be affected if physicians stop doing tests in their offices," she said. "This is increasing costs, because outside labs are typically more expensive."

Dr. Taylor, who practices in a group with five other internists, said she was apprehensive about how the rules would apply to their clinical laboratory, since it is wholly owned by the physician group. The lab is state licensed and accepts referrals from other physicians and nursing homes.

"If physician laboratory and diagnostic centers are forced to close because of these rules, costs will definitely increase and access will be more limited," Dr. Taylor said.

"We made certain that we were in compliance right away," she continued. "And although the rules won't

(continued on page 14)

JCAHO announces 1992 manual revision

by Anna Brown

ARTICULATING ITS NEW theme — continuous quality improvement — the Joint Commission on Accreditation of Healthcare Organizations announced major revisions to its 1992 edition of the "Accreditation Manual for Hospitals."

The new standards begin a multi-year redesign of the JCAHO survey process to one based on "indicators and an indicator data base to measure and monitor hospital perfor-

mance." These initiatives constitute the commission's Agenda for Change, a research and development project in existence since 1986.

"The 1992 standards manual represents an important milestone in the implementation of the Agenda for Change," said Dennis S. O'Leary, M.D., Joint Commission president. By organizing the manual around "key functions integral to effective hospital performance," he said, the commission has "eliminated a number of structural requirements that

are not clearly relevant to the quality of patient care services."

Highlights of the revised manual include new quality assessment and improvement standards, new medical staff standards, and new patient rights standards.

"A major achievement for the new manual is a 29 percent reduction in the number of standards," said Paul M. Schyve, M.D., Joint Commission vice president for research and standards. "We deleted many standards

(continued on page 8)

In this issue

News Briefs2

HCFA clinical laboratory
survey deadline Oct. 12

Tort reform bills gather
steam on Capitol Hill3

Exchange seminar tackles
cancer claims7

ADA readies list of HIV
exposure-prone tasks9

UNIQUE 3 DIGIT 200
0816 WI
NATIONAL LIB OF MED
TS-INDEX MEDICUS
8600 ROCKVILLE PIKE
MD 20014
BETHESDA

Governors fight to save Medicaid dollars

Illinois Gov. Jim Edgar, together with the nation's other governors, put pressure on the federal government Aug. 20 to allow the states "more flexibility" in financing state health programs for the needy. The governors passed a resolution during the National Governors' Association meeting in Seattle this month urging the Bush administration not to limit the use of federal matching dollars to fund state Medicaid programs.

Currently, the U.S. Office of Management and Budget is considering closing a legal loophole that permits states to leverage assessments on health care facilities for matching funds from the federal government. Illinois' balanced fiscal 1992 budget hangs on just such an assessment program that would bring \$300 million in federal funds into the state to pay health care facilities.

Citing state budgets cut by \$8 billion and increases in state taxes of about \$10.3 billion, the resolution adopted by the governors said states must "retain the right to receive matching federal payments for funds raised through donations, dedicated taxes and intergovernmental transfers." Edgar said health care for the poor in Illinois and 30 other states with stakes in assessment programs would be "adversely affected" if the Bush administration's proposal to impose restrictions is implemented.

"Hospitals and nursing homes in Illinois could be closed," Edgar said. "I am pleased that governors from across the nation solidly support the concept that states should be allowed innovative financing for health care programs. Without that innovation, it will be very difficult to meet growing health care needs and address the many other challenges that state government faces."

Second Illinois pharmacy college in the works

In an effort to address the nationwide shortage of pharmacists, Chicago Osteopathic Health Systems will give Illinois its second pharmacy school by opening the Chicago College of Pharmacy to its first class of students in September 1992. The

pharmacy college will join the Chicago College of Osteopathic Medicine on its Downers Grove campus.

The college will offer students a bachelor's degree in pharmacy, which requires five years of study, said Leonard Mennen, D.O., vice president of academic affairs and dean of the medical school. Illinois' other pharmacy school, at the University of Illinois at Chicago, awards doctorate degrees to graduates in a six-year program.

Students will take preparatory course work for their first two years at another accredited school and then transfer to the osteopathic pharmacy school for the final three years of pharmacy classes. The college also plans to offer a doctorate in pharmacy program in the future.

"The three-year program of professional sciences and practice experience will provide a practice-oriented education that will prepare graduates to assume positions in clinical pharmacy settings and the pharmaceutical industry," Dr. Mennen said.

A new educational resource center with lecture auditoriums, faculty offices, and research and teaching laboratories will be built on the suburban campus for use by both the medical and pharmacy schools, college officials announced.

Northwestern offers AIDS fellowship

A new program at Northwestern Memorial Hospital in Chicago will train physicians to treat AIDS patients. The two-year fellowship, established by Design Industries Foundation for AIDS/Chicago, will instruct physicians in inpatient and outpatient treatment.

"The ultimate goal of the fellowship program is to return a ... trained physician to the community to add to local and regional expertise in AIDS medical care," said John Phair, M.D., chief of infectious diseases and director of Northwestern's AIDS program. "It will help meet the desperate need for physicians who are knowledgeable about both the complexities of HIV disease management and the special psychosocial needs of patients." ▲

— Compiled by Tamara Strom



Jason Hueber (left), a kidney recipient from Malta, Ill., shows Illinois Secretary of State George Ryan one of his works of art. Jason's drawing was one of 12 winning entries in a contest to illustrate a 1992 calendar with the theme, "Organ and Tissue Donation: A Gift for All Seasons." The contest was held to draw attention to the need for organ and tissue donors. ▲

Deadline for HCFA clinical laboratory survey Oct. 1

by Rachel Brown

AN IMPORTANT DEADLINE is quickly approaching for physicians who perform in-office clinical laboratory services. By Oct. 1, all physicians who filed for Medicare payment for more than 20 clinical laboratory services during 1990 and 1991 must complete and return a Physician Financial Interest Clinical Laboratory Survey. Failing to complete the survey will result in stiff financial penalties levied by the federal government.

The U.S. Health Care Financing Administration survey will enable the government to update Medicare records on financial relationships between clinical laboratories and physicians.

HCFA has delegated Blue Cross and Blue Shield of Illinois, administrator of Medicare Part B in Illinois, to distribute the survey to all physicians performing diagnostic tests through in-office laboratories, independent clinical laboratories, hospital-based laboratories or other facility-based laboratories.

Romaine Ford, professional relations coordinator for Blue Cross/Blue Shield, said clinical laboratory services are defined as any of those services listed in the 80000 series for clinical diagnostic labs in the Current Procedural Terminology (CPT) code book.

According to Ford, the survey is designed to be completed in less than an hour. She added that HCFA has reduced the volume of surveys initially planned to be distributed by limiting the number sent to group practices.

Not all physicians must complete a survey. Instead of one survey per physician, "individual physicians who belong to a group practice and have

a common payee number will only receive one survey for that [group]," said Ford.

However, a Medicare informational letter accompanying the survey states that, "If [a physician] bills Medicare as an individual for some clinical laboratory services, [that physician] is considered an 'entity furnishing clinical laboratory services' and must complete [his or her own] survey."

"Physicians may have a difficult time satisfying the needs of their patients because of the lack of availability of certain services within a reasonable time."

— Alfred J. Kiessel, M.D.

The majority of solo practitioners, HCFA maintains, will be allowed to continue to bill Medicare for in-office laboratory services. Physicians who fail to meet the Oct. 1 deadline will be subject to hefty penalties from the U.S. Office of Inspector General. OIG will impose a fine of up to \$10,000 for each day the survey is late. HCFA recommends that physicians alert their office staffs about the upcoming survey and return the completed survey immediately to their carrier. Their carrier will also be available to answer any questions they might have.

The survey coincides with other federal actions regarding financial relationships between physicians and

(continued on page 14)

Physician Facts

Waiting list for organ and tissue transplants in Illinois*

Organ/Tissue	Illinois residents awaiting transplants
Kidney	843
Heart	96
Liver	72
Heart and Lung	2
Lung	7
Pancreas	41
Cornea	222
Total	1,283

* Data as of Aug. 1, 1991

Source of data: Regional Organ Bank of Illinois Inc. and the Illinois Eye Bank

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Tort reform bills gathering steam on Capitol Hill

by Tamara Strom

VICE PRESIDENT Dan Quayle's attack on the nation's plethora of attorneys at the American Bar Association's annual meeting this month was a warning that people should stand up and recognize the need for tort reform, according to an Illinois congressman.

"It's important that we move without delay to enact real medical malpractice liability reform," U.S. Rep. J. Dennis Hastert (R-Batavia) told *Illinois Medicine*. "Vice President Quayle's speech to the bar association really fired a shot across the bow, saying people need to pay attention to this. People need to become aware of the cost factors associated with medical malpractice litigation. It is a cost-driver for health care because it causes doctors and hospitals to be overcautious, ordering more tests than are necessary sometimes, in case they are sued."

And several of the lawmaker's colleagues on Capitol Hill, at least, are heeding the call. No less than four bills aimed at reforming some medical liability aspects of the tort system have been introduced this session. Although their future is uncertain, debate about tort reform, including caps on non-economic losses, is expected to generate public awareness of the effect of medical malpractice litigation on health care costs.

The Illinois State Medical Society considers caps on non-economic damages the "missing link" in tort reform in Illinois, said ISMS President Robert M. Reardon, M.D. Other states, notably California and Indiana, set caps in the 1970s and '80s, and have held professional liability costs at lower rates as a result.

Many of the reforms outlined in the bills circulating in Washington are already law in Illinois. In 1985 and 1987 the Illinois General Assembly passed sweeping reform measures aimed at stabilizing the medical malpractice climate. But caps remain an elusive goal, according to Dr. Reardon.

So when President Bush in May unveiled a federal medical malpractice liability reform program that includes a \$250,000 limit on non-economic losses, cap supporters such as ISMS had cause for optimism. Bush's program was subsequently introduced in the Senate by Orrin G. Hatch (R-Utah).

Members of the Illinois congressional delegation also picked up the charge and expressed their support for reform. To gauge the degree of support for medical malpractice reforms in the Illinois congressional delegation, *Illinois Medicine* contacted several representatives. Due to the August recess, however, some lawmakers, such as caps-supporter Rep. Terry Bruce (D-Olney), were unavailable for comment.

Hastert said he hopes some kind of medical malpractice liability reform will be enacted at the federal level by the end of the current Congress' two-year session. He believes Congress is determined to move forward on solving the public health care crisis in this country, and limit-

ing non-economic damage awards, he believes, is one way to control these skyrocketing costs. Hastert, a long-time supporter of tort reform, "led the charge" as a state legislator six years ago when the ISMS professional liability initiative was passed by the Illinois General Assembly.

Despite his positive thinking, however, Hastert was quick to point out that Congress faces the same obstacle as state legislatures in pushing for tort reform – the powerful trial lawyer lobby. "The bar association really doesn't have to lobby

against these bills," he noted. "It has a built-in lobby on every judicial committee. This puts the tilt of the trial lawyers on all these bills."

But even some attorneys-turned-congressmen now support liability reform. Sen. Pete V. Domenici (R-N.M.), a former trial lawyer, has introduced reform legislation mandating binding arbitration for anyone covered by Medicare, Medicaid and tax-deductible employer-provided health plans. This includes about 80 percent of the nation's insured patients. Domenici's bill also calls for a \$250,000 cap on non-economic damages. The American Medical Association

has pledged to work with Domenici in his efforts to pass medical malpractice liability reform legislation.

Rep. Harris W. Fawell (R-Clarendon Hills), an attorney before beginning his tenure as a lawmaker, said the country can no longer "turn a blind eye" to the fact that such reforms are an "integral part of controlling the escalation of health care costs." He contends most objective observers in Congress believe that malpractice liability reform will have a positive effect on holding the line on costs. "It's just one way to control

(continued on page 10)

News Analysis

Blue Cross[®] Blue Shield[®] REPORT FOR *Illinois Physicians*

ANSWERS TO COMMON MEDICARE QUESTIONS

This article shares with all providers the answers to questions that have been frequently addressed to Medicare B Professional Relations Representatives at the Specialty Workshops held this summer.

1. Pap smears

a. May I charge for a pap smear?

You may charge for a pap smear only if you perform the clinical laboratory test. The charge must be submitted under assignment to Medicare. If you send the specimen to a lab, the lab must bill Medicare under assignment for the test.

Interpretations for diagnostic pap smears (88151-26) are covered for hospital inpatients and hospital outpatients only. Diagnostic pap smears are covered when ordered by a physician under one the following conditions:

- Previous cancer of the cervix, uterus, or vagina which has been or is presently being treated.
- Previous abnormal pap smear.
- Abnormal findings of the vagina, cervix, uterus, ovaries, or adnexa.
- Significant complaint by the patient referable to the female reproductive system.
- Signs or symptoms that may be related to a gynecologic disorder.

b. May I charge for obtaining the lab specimen?

Currently, no separate charge is allowed for collecting the cells. This service is covered in the physician's charge for examining the patient. The patient may not be asked to accept liability for a charge for collecting the specimen that is separate from the physician's charge for an examination. This practice amounts to unbundling.

If the woman is scheduled to have a screening pap smear but has no conditions warranting coverage of the physician's examination, the physician may obtain the patient's prior agreement to accept liability for the non-covered service. As with all advance notices, the patient must be given a definite valid reason, such as "Medicare does not cover this type of routine service". The notice must be furnished in writing, prior to the rendering of services.

c. Do I have to keep track of how long it has been since the woman last had a screening pap smear?

This record-keeping for the patient would be considerate. However, it is not required by Medicare. The patient and the lab, either an independent lab or a physician office lab, will be notified if the screening pap smear is not covered because a previous one was covered in the past three years. If this happens, the woman is liable for the non-covered clinical lab charge whether or not advance notice was provided. Note: Be sure to give Medicare the correct ICD-9 diagnosis code if the pap smear is diagnostic; that is, the woman has symptoms of possible cervical cancer or previously had cancer of the reproductive system. Diagnostic pap smears are covered whenever medically necessary.

2. Observation Units

a. How do I bill for "23-hour observation" services?

The current CPT manual instructs physicians to bill charges for observation-area service using procedure codes 90000 through 90080, which are the same codes used for office service. The hospital inpatient service codes, 90200-90282, do not apply because the patient has not been admitted as an inpatient, even though the "observation unit" patient might occupy an inpatient bed. The place of service code shown should be 2.

b. If the codes are the same, why is payment less for care in the observation unit than for office visits?

If a service is routinely performed in physicians' offices, the approved charge is reduced by 40 percent when that service is performed in a hospital outpatient unit. The approved charge in the outpatient unit is 60 percent of what the approved charge would be for that service in the physician's office. The support service, including nursing, supplies, and use of the facility, is not furnished by the physician but instead is charged to Medicare by the hospital.

Even though physicians do not generally provide extended observation service in their offices, the physician service rendered for an observation unit patient is considered to be equivalent to an office service. The patient is stabilized and primarily is monitored for indications warranting admission as an inpatient. However, if the claim shows the patient was in a serious emergency, the outpatient reduction does not apply.

3. Consultations

a. Why are my claims for follow-up consultations sometimes down-coded?

Experience shows that physicians who bill for repeated follow-up consultations are actually managing part or all of the patient's care. Consultations are for opinion or advice. A consultant may, after recommending diagnostic tests or a course of treatment to the attending physician, initiate the tests or treatment at the attending physician's request and the service qualifies as a consultation. Once the case is transferred to the consultant or the consultant takes over any portion of patient management, the service is not a consultation.

b. Can I bill for a consultation to a new patient who was not referred?

A confirmatory consultation may be billed if the patient is strictly seeking an opinion or advice on a course of treatment received or recommended elsewhere. A second opinion on surgery is an example. If the patient is coming in for diagnosis and treatment, a consultation should not be billed. A new patient visit code would be correct.

c. Why is the reimbursement for consultations reduced when rendered in the hospital outpatient department?

Non-emergency consultations are routinely performed in physicians' offices. If performed in a hospital outpatient unit, the physician is not furnishing any support service. The outpatient reduction rule applies. Only 60 percent of the approved charge is allowed. If the claim shows that the patient was in a serious emergency, the reduction is not applied.

(8/30/91)

Editorial

Make a best seller a non-seller

The almost instantaneous popularity of *Final Exit*, a do-it-yourself "suicide manual," seems to have caught the critics by surprise. The book zoomed to the top of the best seller lists almost as soon as it was published and bookstores across the country report being unable to keep it in stock, so quickly is it being bought.

Ministers, ethicists and physicians rushed into the media fray, and we soon saw doctors on TV expressing heartfelt dismay that so many people were considering taking death into their own hands.

Why are these people thinking about cutting medicine out of those end-of-life decisions doctors should have a role in? Haven't we, after all, counseled our patients on everything from having babies to having mammograms? Haven't we been there with them through the operations, the check-ups, the accidents and the x-rays? Haven't we been the ones to bring them the good news (It's a boy!) and the bad (I'm so sorry, it's malignant.)?

We all know that nobody lives forever. And we recognize that some deaths – the toddler, the young father, the teenager with her whole bright future spread in front of her – test our faith and try our hope.

And to be perfectly honest, sometimes death comes as a blessing: Families and physicians alike often welcome the end of pain, the release from the useless body and unknowing mind that death can deliver to the very, very old, and the very, very ill. The question remains: Why are great numbers of our patients buying a book that tells them how to avoid our care at a time when our professional instinct and training says they need us the most?

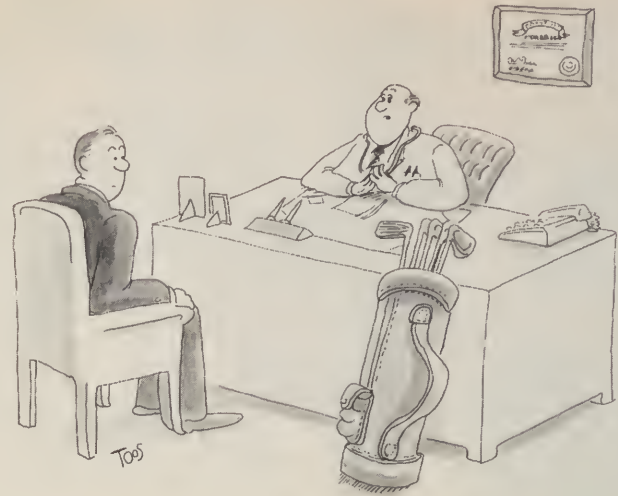
"To everything there is a season ... a time to be born and a time to die." These wise words need not conflict with the values of modern medicine, yet it is exactly the impact of modern medicine on their dying that many people fear. They are afraid – afraid they will lose control of their destiny, afraid we will deny them the opportunity to leave this life gracefully, even gratefully. Too often "modern death" means machines, respirators, meaningless care in the face of hopeless conditions to sustain only the most mechanical definition of life. Our hospitals, our ICUs and aggressive resuscitation attempts are foreign to the idea that there is, indeed, a time to die. By means of our technology, we have managed to become part of the problem, not part of the solution.

There is something we can do. We can urge Gov. Edgar to sign H.B. 2334, the Health Care Surrogate Act, which makes clear who may decide life-sustaining treatment for the comatose or incompetent patient.

When the time comes, most people want their families and their physicians at the bedside, not judges or court-appointed guardians. The reason they are buying *Final Exit* is because they fear that comfort will be taken from them by technology and by law.

Do your patients a favor: Circle the following paragraph, tear out this editorial and send it to Gov. Edgar, State House, Rm. 207, Springfield, IL 62706. ▲

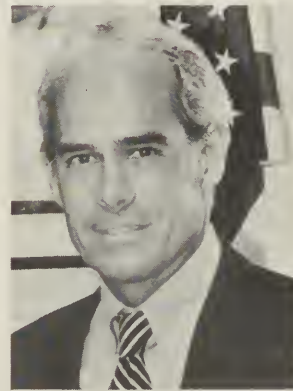
"Governor, the physicians of Illinois ask you to please sign H.B. 2334 and remove the possibility of legal and judicial ordeals when sensitive end-of-life decisions are necessary. This bill offers privacy and protection to health care surrogates while it protects the patient's right to self-determination. When healing is no longer possible, physicians and families share the goals of comfort and relief of pain. H.B. 2334 will help us achieve those goals. Our patients and their families thank you."



"I never use them, but I like to take them out every so often just to look at them."

Guest Editorial

Federal tort reform needs physician help



by Rep. John E. Porter

The crisis in professional medical liability continues in many areas of the country, and efforts in Washington to achieve a comprehensive solution have been largely stymied. Fortunately, federal efforts to address the problem recently received a boost from President Bush, and congressional sponsors hope that physicians back home will again join the fight.

President Bush recently sent to Congress legislation designed to pressure the states to make certain changes in judicial practice and to strengthen medical oversight. I worked with the White House in developing this legislation and am an original co-sponsor of the bill.

The president's bill incorporates a number of basic reforms that have worked at the state level. These include limiting non-economic (so-called "pain and suffering") damages to \$250,000, reducing awards by the amount of any other "collateral" payment source to prevent double recoveries, using periodic instead of lump-sum payments and apportioning payment for non-economic damages on the basis of fault. The bill would also require that states make alternative dispute resolution mechanisms available.

To ensure quality care, the legislation would mandate state cooperation with the federal effort to establish clinical practice guidelines and would also require state medical boards to strengthen physician oversight and continuing education. Under the president's bill, states failing to adopt these changes within three

years would lose 2 percent of their Medicaid administrative funds, and hospitals would lose 1 percent of their Medicare operating cost payments.

I would prefer a system of incentives in which complying states are rewarded with a funding increase. Nonetheless, the president's bill provides a strong shot in the arm for the liability reform effort.

Another major piece of legislation now before Congress, H.R. 1004, introduced by Rep. Nancy L. Johnson (R-Conn.) and Sen. Orrin G. Hatch (R-Utah), would promote greater use of alternative dispute resolution (ADR) mechanisms such as mediation, voluntary and binding arbitration, pretrial screening and early offer and recovery. Many states have already adopted these mechanisms.

ADR works because it removes the often exacerbating influence of plaintiffs' attorneys. These attorneys frequently operate on a contingency basis the purpose of which is to make legal assistance available to those who cannot afford to pay hourly rates without any assurance of recovery. In practice, however, many attorneys decline small claims as not being worth their time. The current system also perpetuates a built-in incentive for the attorney to seek the greatest possible recovery.

ADR replaces the current expensive and adversarial system with procedures designed to expedite fair resolution of complaints. Thus, low-income citizens with relatively minor claims have access to a process providing prompt compensation. (In fact, the number of small claims has actually risen in states using ADR.) All parties benefit from a quick, less confrontational adjudication that filters out meritless claims.

As a veteran of the battle to impose some common sense on our civil justice system, I and other advocates on Capitol Hill continue to face opponents who, vehemently opposing liability reform of any kind, have proved successful in blocking needed changes. Presidential involvement in the medical liability problem will focus attention on the need for federal action and, combined with strong grass roots input from medical professionals across the country, could tip the balance in favor of the reform effort. ▲

Rep. Porter represents Illinois' 10th Congressional District.

Illinois Medicine

VOLUME 3, NUMBER 16

AUGUST 30, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society
Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee
Joan E. Cummings, M.D., Chairmen
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff
Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.

A BRIGHT IDEA TO START WITH...



180mg
Calan[®] SR
(verapamil HCl) 180 mg
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

Defend or settle: Claims reviewed by peers

by Anna Brown

Editor's note: Because of the confidential nature of the work of the Physician Review Committee, physician members of the PRC interviewed for this story are not identified by name.

WHEN A CLAIM is filed against a physician, the decision to defend or settle is an important one that must be faced objectively. Fortunately for Illinois State Medical Inter-Insurance Exchange policyholders, a Physician Review Committee recommends defend or settle decisions to the Illinois

State Medical Insurance Services Board of Directors. Not only does the PRC ease the burden of decision for the physician defendant, but it also helps the Exchange comply with its aggressive defense policy.

"The Physician Review Committee is unique in the sense that it offers a chance for cases to be reviewed by peers," says Robert C. Hamilton, M.D., chairman of the ISMIS Board of Directors. "Since the Exchange is physician-owned, this makes the process different from other insurance companies."

The purpose of the PRC is to re-

view cases previously investigated by the Claims Division to determine if they should be defended or settled. The PRC may take several actions: recommend continued defense of a case; recommend settlement; inform the Underwriting Division of specific areas of concern involving a policyholder; or reverse prior decisions as a result of a policyholder's personal appearance or a change in circumstances of a claim. PRC decisions are not often overturned because of the committee's knowledge of the claim and the extent of investigation by claims experts and the PRC. Rever-

sals are possible, however, if the policyholder presents a strong case to the committee. If the PRC recommends settlement, it must also submit one of five evaluation statements to the Underwriting Committee, which makes decisions on whether a policyholder who has settled should be renewed, or if a surcharge should be imposed. These evaluations help underwriting staff understand the degree of severity of the settled claim.

PRC members are practicing Illinois physicians, each from different specialties, who are nominated and elected to one-year terms by the ISMIS board. They may serve any number of successive terms, but must be reappointed by the board. A stipulation of membership is that the physician must have been named in at least one lawsuit or lien.

"Adding some exposure to litigation as a guideline for PRC membership creates a more knowledgeable member, as well as a member who empathizes with a defendant going through this ordeal," says a spokesman for the PRC.

Decisions may be appealed

Although the PRC has the final authority on whether a case should be defended or settled, the policyholder's opinions are solicited and considered. If the policyholder disagrees with the PRC's recommendation, he or she may be allowed to make a personal appearance before the committee.

"No one agrees 100 percent," says Dr. Hamilton. "If the physician thinks the case should be defended and the committee decides to settle, or vice versa, the physician will have the opportunity to present his views."

A physician who appealed a PRC decision to settle, defended his suit in court and subsequently won his case says he felt good about the committee's composition. "I don't know if I would have been able to explain my situation as well to a non-medical person. Basically they asked me the medical questions about the case and why I felt I had a good chance of winning."

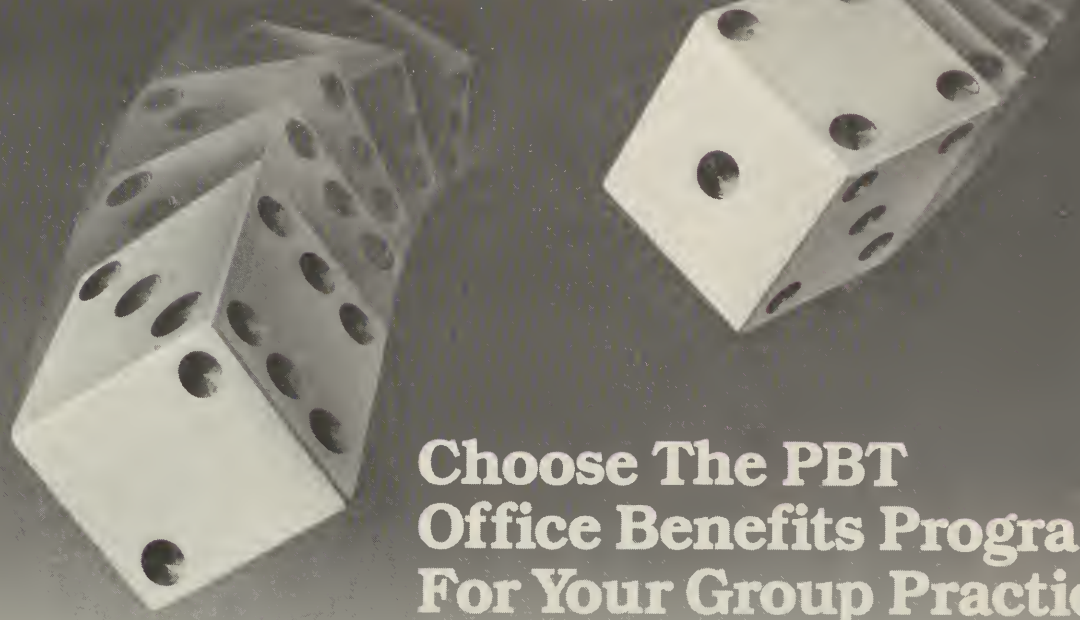
"The [chairman] was very friendly, very nice," he adds. "When you first walk into the room to answer questions it's a little intimidating. After I heard him talking for a while I felt better. Once I started presenting my case I didn't have any problem."

Difficulty in separating emotional reactions to a suit from the decision to defend or settle is not uncommon, says the committee spokesman. "At the outset of a claim, the physician defendant may be confused. As the process of discovery nears completion and as depositions are taken, medical facts are reviewed by our experts and consultants, and the physician defendant forms a fairly clear idea as to whether he or she would choose to defend or settle. On the vast majority of occasions, the committee's decision and the physician's opinion agree."

If the physician wants to appeal the committee's decision, being prepared to appear before the PRC can improve the chances of overturning a recommendation. "A physician appearing before the PRC should know

(continued on next page)

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Options:

- ☐ Dental
☐ Disability
☐ Life
☐ Dependent Life

Office Manager/Contact Person: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

ISMIS

Exchange risk management seminar tackles cancer claims

by Anna Brown

FOLLOWING THE enthusiastic response to its brain-injured infant seminar held earlier this year, the Illinois State Medical Inter-Insurance Exchange will present "Malpractice Dilemma: Focus on Cancer Detection and Diagnosis" this fall. The seminar will help physicians improve patient care and avoid potential lawsuits resulting from the lack of or delayed cancer diagnoses.

"The purpose of the seminar is to make physicians aware that cancer is one of the more frequent causes of suits," says Jere E. Freidheim, M.D., chairman of the Exchange Risk Management Committee and seminar moderator. "Risk management subcommittees have identified cancer detection as one of the most rapidly growing areas of litigation, both nationally and locally."

Although all practicing physicians can benefit from the material, the Exchange seminar targets family physicians, internists, general surgeons, Ob/Gyns and radiologists.

Eleven speakers from various Illinois universities and practices were chosen for their expertise in breast cancer, cervical cancer, colon cancer and lung cancer. They will cover

such topics as detection and treatment of breast cancer and the role of mammography; identification and treatment of cervical and colon cancers; early detection of lung cancer; and documentation and defense strategies. Emphasis will be placed on screening patients who normally might not be expected to have cancer, such as young people.

Physicians and patients need to know that screening is often inexpensive and non-invasive, says Dr. Freidheim. "Aside from curbing losses, early detection and intervention not only benefits the patient but will go a long way in forestalling morbidity and mortality rates, which is extremely important."

The seminar will update physicians on newer methods of diagnosis and avoiding diagnostic pitfalls. At the end of the program, participants should be able to:

- list common factors in failure to diagnose cancer claims;
- discuss current cancer screening recommendations and the physician-patient responsibilities they create;
- recognize the use and limitations of cancer screening and diagnostic tools;
- implement patient follow-up systems to prevent physician and pa-

tient delays in responding to testing and completing follow-up visits;

- describe the most common problems in defending "failure to diagnose" cancer claims, especially for breast, colon, lung and cervical cancers.

"We want to stress the importance of following up on tests with patients so that there are no gaps in care where the condition could potentially worsen," says Dr. Freidheim. "Physicians should also recognize the need for accurate medical record documentation, as well as good communication with patients. All of these measures can only bene-

fit the patient and prevent lawsuits."

The seminar is scheduled for Sept. 25 at the Chicago Hyatt Regency Hotel and Oct. 3 at the Ramada Inn in Fairview Heights, just east of St. Louis.

To register or for information, contact the Exchange risk management department at (312) 782-1654 or 1-800-782-ISMS. The seminar is approved for six hours of Category I CME credit. Registration is \$50 for Exchange members and \$100 for other registrants. The seminar is free to medical residents, but they must register in advance. The registration deadline is Sept. 18. ▲

Defend or settle

(continued from previous page)

the key points of the case to bring out," suggests the physician. "In the committee there isn't time to go into each little detail. The key points of why the individual thinks the case could be won [or settled] should be brought out."

The spokesman recommends that physicians who appear before the PRC be thoroughly conversant in the medical circumstances and facts of the case. "It is also helpful to understand the weaknesses of the suit, and be prepared to discuss those weaknesses as if in a courtroom," he says.

The spokesman says some PRC decisions are overturned. "Often when a physician impresses the committee with his or her witness capability, and provides input on how to manage the weak areas of the suit, the committee will overturn a decision to settle and choose to defend the physician."

"Occasionally, although it's less often," he continues, "we have a physician who argues to settle when the PRC feels they have a really defensible case. The PRC has reversed its decision on these cases as well."

The committee recognizes that physicians may feel intimidated by the prospect of appearing before the PRC. "The importance of the situation in which the physician finds himself generates some apprehension," concedes the spokesman. "We try to make them very comfortable, and let them know up front they're sitting in a room of their peers, with people who face the risk of malpractice every day."

"The reason the PRC reverses its decisions might be because it is given new information, or, more com-

monly, because of the excellent witness capability that surfaces in the presence of the committee," the spokesman adds.

Determining factors

Many factors are considered when determining whether to defend or settle a case. For instance, the Exchange advises policyholders that alterations of records and missing records can automatically destroy most defenses. The chances of successfully defending a claim may vary with the territory or with the potential severity of an adverse outcome. Judgments awarded by local courts on previous cases are considered in evaluating the defensibility of a claim.

"An immense amount of information is accumulated long before the case is actually brought before the PRC," says the spokesman. "When a case is discussed in committee, medical facts as well as insurance and legal issues are analyzed," he says.

Trust and cooperation

The policyholder's cooperation with Exchange staff and the PRC is vital to the successful defense of a claim. When a claim is reviewed by the PRC, a committee member of the policyholder's particular specialty or a similar specialty is assigned to the case prior to its review by the committee. Trust between all parties investigating and defending a claim is essential. "Trust is an important ingredient that grows from the responsibility of everyone involved in a case," says the spokesman. "We do have better outcomes when policyholders are cooperative." ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

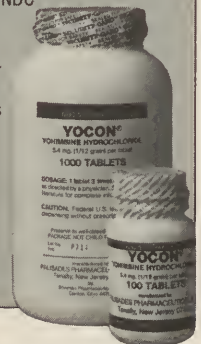
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**

219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

that are not routinely scored during surveys, not contributory to the accreditation decision and not used to demonstrate comparability to the Medicare Conditions of Participation. The 1992 AMH is more concise, less redundant and more relevant to the actual quality of patient care and services."

In addition, standards previously spread through several chapters have been consolidated and the concepts underlying 130 deleted standards have been incorporated into scoring guidelines. All requirements in the manual are now called "standards," eliminating the sometimes confusing distinction between stan-

dards and "required characteristics" in earlier editions.

"By 1994, we hope to reorganize the entire manual around the removal of most structural standards," said Dr. Schyve. "We are encouraging health care workers to begin thinking about these transitions now," he said, but indicated that complete change will not be fully implemented until the end of the decade.

CQI reforms

The commission's new emphasis on quality health care has led to the development of a new goal for health care facilities of continuous quality improvement, or "CQI." According to the commission, the accreditation

process can most effectively enhance CQI by focusing on key activities; coordinating quality efforts throughout the organization; measuring processes that affect patient outcomes; and focusing primarily on opportunities to improve these processes.

The new quality assessment chapter is designed to support hospital understanding and use of quality improvement techniques. Standards in this chapter are intended to provide hospitals flexibility in developing CQI activities.

Patient rights

While the commission acknowledges that "no listing of patient rights can assure the respect of those rights," new standards represent an attempt to ensure that hospitals establish patient rights policies. To address the rights and care of dying patients, the standards incorporate the new Medicare Condition of Participation, which requires hospitals to acknowledge the existence of patient advance directives, including living wills and durable powers of attorney.

The new standards provide guidelines to help hospitals establish patient rights programs, including reasonable access to care; considerate care that respects the patient's personal value and belief systems; informed patient participation in decisions regarding care; patient participation in considering ethical issues arising in the provision of care; personal privacy and confidentiality of information; and designation of a representative decision maker if a patient is unable to understand a proposed treatment, or is unable to communicate his or her wishes regarding care.

"The commission does not have a particular stance on life-sustaining issues," said Trudy Bird Nash, associate director of the Joint Commission standards department. "This is up to the mission statement of the particular hospital. However, policies need to be in place. We are looking for a 'game plan' and 'playbook' from

hospitals. If any policy changes are made, all parties need to know."

Hospital medical staffs will also be affected by the commission's implementation of CQI. Although new standards for surgical case review, drug usage evaluation, and blood usage review will not be in effect in 1992, they have been included in the new manual for educational purposes. "The standards needed to be oriented to quality improvement," said Curt Niederee, M.D., associate director of the commission's standards department.

The former system

made it difficult for hospitals to comply with standards and could not accommodate the application of new computer methods, he said.

The relationship between board certification and clinical privileges delineation has also been clarified. The new standards state that "board certification is an excellent benchmark and is considered when delineating clinical privileges." The standards require board certification for medical staff clinical directors unless the hospital establishes that the physician possesses comparable competence.

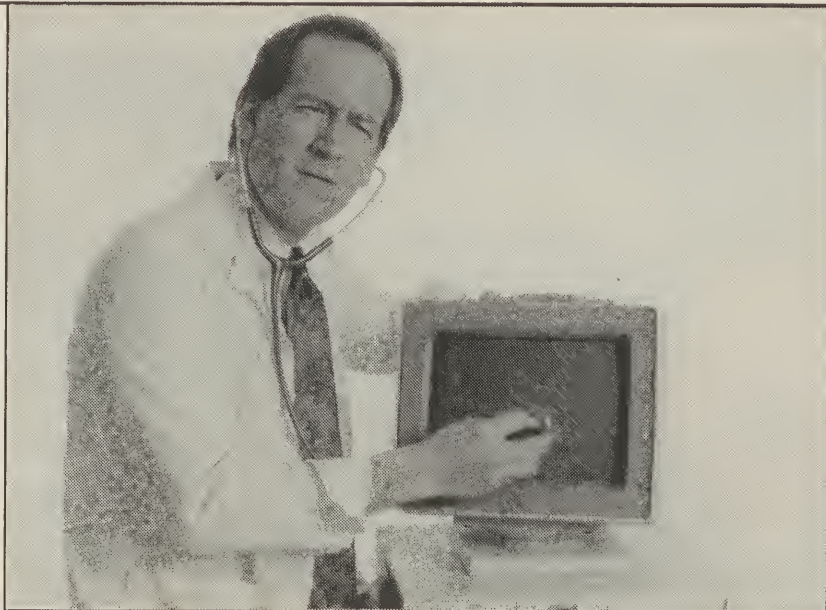
Surgical case review, drug usage evaluation and blood usage review standards now focus on the systems and processes of care, rather than on the performance of individual practitioners. Consequently, sampling requirements will be more flexible. In the past physicians were required to submit for review 100 percent of blood usage procedures for the first six months. Now, the commission recommends that 5 percent or 30 cases be reviewed when sampling, whichever is greater.

"Sampling helps us use computer power," said Dr. Niederee. "We've been strapped in the past by the requirements of monitoring functions. We hope these changes lead to developing a quality assurance process that will work, and work well, for physicians." ▲



Paul M. Schyve, M.D., Joint Commission vice president for research and standards, discussed changes to the 1992 "Accreditation Manual for Hospitals" at the commission's Aug. 14 briefing.

M. Candee Studios



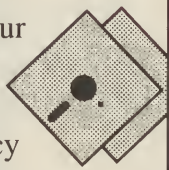
Get A Second Opinion.

If you're still confused about which software program can help manage your practice, it's time to call Reiser, Jennings and Co.

Now more than ever, you need software programs that can give you comprehensive insurance billing, effective patient billing, a recall or reminder service, record keeping and scheduling, and even secondary billing to ensure full payment. You need software like Medical Manager and E-Z View-- software that can make your practice more efficient and more profitable than ever before.

Reiser, Jennings and Co. is an independent accounting firm and we've been helping private practices for over 23 years choose and implement the best computer and software packages available. Our training program is proven to get our clients as productive as possible in as quick amount of time as possible. And that is the key to greater efficiency and profit.

Call Reiser, Jennings and Co. today and get your practice growing the way you've always wanted it to.



**Reiser, Jennings and Co.
of Illinois P.C.
Bloomington, Illinois
1-800-677-2814**

Proposed surgicenters on hold

by Anna Brown

PLANS FOR TWO Naperville outpatient surgical centers have been put on hold pending appeal to the Illinois Health Facilities Planning Board. The board handed down its intent to deny the two ambulatory surgical treatment centers (ASTCs) unless changes are made.

The proposed Naperville Ambulatory Surgery Center and the NHV-DHSI Joint Venture Surgicenter were rejected at the board's Aug. 8 meeting. "The reason for the negative response by the board is that criterion says you must show substantial cost savings," said Michael Copelin, health planning specialist for the Illinois Department of Public Health. "There are already ASTCs in the

area with overall lower cost alternatives for patients than either applicant."

Copelin said, however, that both applications are still active. "The board stated an intent to deny the two facilities if no changes are made," he said. Roughly 100 physicians have formed the NHV-DHSI Joint Venture Surgicenter Corp., operating in conjunction with Edward Hospital in Naperville and Central DuPage Hospital in Winfield. The Naperville Ambulatory project is a joint venture between Evangelical Health Services Corp., which owns Good Samaritan Hospital in Downers Grove; area physicians; and the Midwest Center for Day Surgery in Downers Grove.

(continued on page 11)

ADA readies list of HIV exposure-prone dental tasks

by Tamara Strom

WITHIN TWO WEEKS the American Dental Association will publish a list of HIV exposure-prone dental procedures, giving dentists the guidance they need to comply with the new U.S. Centers for Disease Control HIV practice guidelines.

Following the recommendations of its Invasive Procedures Task Force, the ADA Board of Trustees this month announced it will classify 400 dental procedures in a compilation of exposure-prone procedures. Specifically, the association said that exposure-prone procedures in dentistry are those that cause "significant" patient bleeding and include the use of sharps and/or the application of "physical force."

"These procedures are seen to pose an 'identifiable risk' of transmission of a blood-borne pathogen from dentist to patient or patient to dentist," the ADA said.

Procedures cited as posing potentially identifiable risks are those mainly employed during dental surgery, such as oral surgery, endodontic surgery and periodontal surgery. The dental association was careful to point out, however, that many endodontic and periodontic treatments do not require surgery and therefore do not pose a significant risk to patients, said an ADA spokesman.

Inherent in the ADA's efforts to classify certain dental procedures as exposure prone is the profession's concern of upholding patient safety "at all costs," said President Eugene J. Truono, D.D.S. "Even though the risk of HIV transmission from dentist to patient is infinitesimal, the ADA firmly believes it must take continued steps to ensure the health, safety and peace-of-mind of the public."

Dentistry's actions come under intense media scrutiny generated by the only documented case of health-care-worker-to-patient transmission of HIV involving a now-deceased Florida dentist and five of his patients. In Illinois, the June disclosure of the AIDS-related death of a Nokomis dentist and the July announcement that a Northwestern University dental student was HIV-positive stirred additional public concern.

On July 15 the Illinois General Assembly passed compromise legislation calling on infected health care workers who perform invasive procedures to disclose their HIV status to at-risk patients. The bill also calls for health care workers to be notified if any of their patients have AIDS.

The ADA stresses that current association policy "strongly encourages" dentists who are at risk for HIV infection or who perform exposure-prone procedures to be tested for the virus. According to the ADA, all infected dentists should disclose their HIV infection to their patients or cease doing invasive procedures.

The medical profession, too, is poised to classify exposure-prone procedures, but because of the sheer number of procedures that must be considered, is not as far along in the process. The CDC has called on the medical community, including den-

tistry, to complete its classification of exposure-prone procedures by Nov. 15. Meetings are ongoing among medical and surgical specialties to accomplish the cumbersome task of establishing those procedures that constitute a risk to patients and health care workers.

During its June annual meeting, the American Medical Association House of Delegates directed the association to study invasive procedures, the risk of HIV transmission in health care settings, and the need for HIV testing of health care workers and patients, and report back at the December interim meeting. ▲



Greg Daniels

At the Illinois State Fair in Springfield, Bob Morse, R.N., shows Marion Innis a copy of ISMS' brochure, "A Personal Decision." The brochure outlines procedures for establishing durable power of attorney for health care, living wills and organ donation. ▲

For Your Patient Referral Needs

One Call Gets Us All
1-800-472-3660
or
Milwaukee 259-3660

Medical College of Wisconsin physicians and surgeons are primarily based at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex



MEDICAL
COLLEGE
OF WISCONSIN

Tort reform

(continued from page 3)

costs," he said. "But it's legitimate."

Although he believes that reform is necessary soon, Fawell said he and other supporters must be patient. "These bills often get bogged down or changed considerably in the committees that handle them," he said. "There are strong emotional arguments on both sides of the issue, whether it is people in a community without an obstetrician or the mother of a baby brain-injured from a clear case of negligence. People feel deeply on the subject."

Fawell supports capping non-economic loss awards and eliminating non-economic damages. But these awards are key in the issue of pain and suffering, and would be difficult

to eliminate, he said. "Caps should at least be at issue before Congress," he noted, adding that many members "feel some kind of controls and limits" must be established.

Since states have jurisdiction over tort laws, the president's proposal called for withholding federal dollars earmarked for health programs to push the states to enact reform. Fawell would prefer a uniform set of regulations passed at the federal level. "I would rather see one set of regulations than have to police the 50 states into passing reforms," he said. "The [president's] legislation is vague. I see a monumental amount of red tape and bureaucracy."

Calling the current system a boon to trial lawyers who are "suing the pants off everybody," a legislative aide to Rep. Philip M. Crane (R-Ar-

lington Heights) said the congressman supports making the tort system more rational. He said Crane is "favorably disposed" right now to the president's proposal, but is "taking a look at all the different options."

"If something can be done at the federal level to make those tort laws in the states more uniform and reasonable, there may be a role for Congress to play in enacting reform," the aide said. He added that there is "no doubt the malpractice situation has spurred rising health care costs."

Crane "generally supports" caps for non-economic damages, the aide noted, calling the subjective awards "wild cards that blow everything out of proportion."

"There is no one thing that will totally control the increase in medical

costs or magically make [health] insurance available to those who need it," said Rep. Tom Ewing (R-Bloomington). "There are, however, several things we can do. One is to control the costs of litigation of medical malpractice cases."

Illinois reforms helped

Like Hastert and Rep. John E. Porter (R-Deerfield), Ewing is a veteran of the Illinois tort reform movement, having sponsored a number of the legislative initiatives that passed the Illinois General Assembly in the 1980s. Although it is "difficult to say for certain," Ewing said he believes the reforms he helped pass in Illinois have made a difference. "It didn't lower health care costs or keep costs from going up," he noted. "But with all the other costs going up, I think if we hadn't done something, [costs] would have gone up more."

The United States must get a handle on spiraling health care costs, Ewing said. "Providing available, affordable health care will be one of the top issues before Congress in the next year or the next two to three years," he predicted.

As internal turmoil in the Soviet Union dominated the news, however, foreign policy once again took center stage in Washington, pushing domestic issues into the wings. But Rep. John W. Cox Jr. (D-Rockford) said he thinks health care will remain firmly fixed on the congressional agenda this year.

*"Providing available,
affordable health care will
be one of the top issues
before Congress in the next
year or the next two
to three years."*

— U.S. Rep. Tom Ewing

"There's always a risk that when you bring a major foreign policy issue to the forefront that domestic issues tend to slip to the side," Cox said. "But with [the issue of health care reform], I don't think that will happen. A year ago I wouldn't be saying this, but there is tremendous awareness in Congress about the need to do something. We have a significant problem on our hands that we must confront. I don't think the situation in the Soviet Union will put this issue off track for long."

While Cox, an attorney, sees the need for health care reform, he said changes should not include limiting non-economic damage awards in medical malpractice judgments. Limiting non-economic damages interferes with the established jury system in this country, he said. "I have a hard time believing a jury of one's peers is less capable of determining awards than a legislative body like the Congress."

He praises the tort reform measures Illinois already has in place. "That is a positive reform that came out of the Illinois liability crisis," he said. "There is no question that the cost of insurance continues to rise and we must confront that, but the proposals I've seen to date seem to be going in the wrong direction." ▲

AMIC

A	D	V	A	N	C	E	D
M	E	D	I	C	A	L	
I	M	A	G	I	N	G	
C	E	N	T	E	R		

The Advanced Medical Imaging Center
Announces the availability of

MRI

August, 1991

AMIC offers state-of-the-art in Magnetic Resonance Imaging. In addition to standard MRI examinations, MR angiography will be available.

Advanced equipment design allows improved patient comfort:

- ▼ Accommodates patients weighing up to 400 pounds
- ▼ Reduces patient apprehension and claustrophobia through:
 - ▼ Specially installed music system
 - ▼ Large diameter gantry

AMIC is a full-service facility committed to providing high quality imaging. Our commitment means:

- ▼ Convenient location and hours
- ▼ Fax reports within 24 hours
- ▼ Board Certified Specialists
- ▼ Registered and Licensed Technologists
- ▼ Courteous office staff
- ▼ Sensitive Patient Care

"Working with you to extend your reach of care."

Call today for an appointment or to request information.

(312)807-3555

Radiological Physicians Limited

Magnetic Resonance Imaging, General Radiology, Mammography, Ultrasound, Computed Axial Tomography and Nuclear Imaging.

Hours: Monday through Friday - 7:30 a.m. to 5:30 p.m. Saturday - 9:00 a.m. to 1:00 p.m.
The Garland Building, 111 North Wabash Avenue, Suite 620, Chicago, Illinois 60602

Clinical lab survey

(continued from page 2)

clinical laboratories, and the perceived unnecessary or too frequent use of these laboratory services by physicians. The survey was mandated under an amendment to the Omnibus Budget Reconciliation Acts of 1989 and 1990.

HCFA is gathering the financial information in preparation for impending federal regulations that will restrict physician referrals for lab services. Effective Jan. 1, physicians will be prohibited from making referrals

to clinical laboratories in which they (or their immediate family members) have a financial relationship. The law also prohibits physicians from billing Medicare for lab services if an inappropriate referral was made.

There are, however, several general exceptions to the pending prohibition on referrals and billings. These "cover services provided directly by the physicians, ancillary services and other services provided through referrals in a group practice, and services furnished by pre-paid health plans that have contracts

with the Medicare program," the Medicare letter states.

These exceptions, will be determined and applied on a claim-by-claim basis. Physicians who qualify for exceptions will still be able to refer and bill for services despite their financial relationship with a clinical laboratory, the letter adds.

Alfred J. Kiessel, M.D., an Illinois State Medical Society trustee and chairman of the Third Party Payment Processes Committee, believes this legislation may eventually create problems with patient care.

"The quality of patient care will

definitely be affected," said Dr. Kiessel. "Physicians may have a difficult time meeting the needs of their patients because of the lack of availability of certain lab services within a reasonable time."

Once the law goes into effect, violators may be subject to additional penalties, including up to \$100,000 fines for entering into prohibited referrals and billings, and up to \$15,000 fines for each service billed to Medicare in violation of the amendment. ▲

Surgicenters

(continued from page 8)

"We were disappointed that the plans for the surgical center were turned down," said William Colwell, vice president of public relations for EHS. "Given the trend toward outpatient care in the Naperville area, we feel there is adequate need for such a facility." Colwell added that resubmitting the application to the board is a possibility, but that the partners in the venture are undecided.

Raymond A. Dieter Jr., M.D., chairman of the NHV-DHSI Corp., said he has been involved in plans to bring an ASTC to the area for nearly 10 years. "This is a physician-initiated program," he said. "We went to the two hospitals to see if they wanted to participate in bringing a surgicenter to Naperville. Rather than seeing the hospitals competing for patient care, it seemed more appropriate for them to work together. Naturally, we're disappointed. We had hoped the board would understand our interest."

In addition to higher anticipated costs to patients, the board cited existing health care facilities already in Naperville and surrounding communities. "This seems to be a very competitive area," said Copelin. "We consider a 30-minute travel time for the patient. A large portion of the competing facilities are located within a 30-minute travel radius. Consequently the areas of coverage and patients overlap."

Future not yet certain

In the past, similar applications have been denied on first submission to the board, then later accepted with modifications. Consequently, the future for both projects is undecided. Copelin said IDPH staff will work with the applicants to recommend application changes.

"The board could make a number of decisions," he added. "They could still approve one, both or neither of the surgicenters upon appeal. They could also suggest the parties work together to operate one facility."

Good Samaritan Hospital, one of the partners in the Naperville Ambulatory project, already operates an outpatient surgery center in Downers Grove.

"What is unique about the NHV-DHSI proposed surgicenter," said James D. Anderson, president of Central DuPage Health System, "is that two hospitals think it best to divert simpler cases to a freestanding facility that is not a hospital, where greater efficiency can be developed for specific procedures. Patients can best be served in this way."

"The board has some tough issues

"Rather than seeing hospitals competing for patient care, it seemed more appropriate for them to work together. Naturally, we're disappointed. We had hoped the board would understand our interest."

— Raymond A. Dieter Jr., M.D.



to decide," he noted. "With two or three more surgicenters possibly coming down the pike in this area, hopefully in the next weeks some thoughts will gel. Ours is a very worthy project representing two hospitals working together to meet current patient needs. We feel this is worthy of the board's approval."

Stiff competition

NHV-DHSI Corp. provided the board with 82 letters from physicians indicating 8,224 referrals annually for its proposed ASTC. Good Samaritan Hospital indicated 4,145 annual referrals in 26 physician letters for

Naperville Ambulatory. In its report to the board, IDPH staff said that both projects fell within the acceptable criterion for projected patient volume. Staff reports indicate, however, that alternate measures — such as streamlining outpatient surgery procedures to make better use of staff, space and equipment; reducing hospital charges to meet existing ASTC prices; and maintaining and intensifying physician-patient rapport, referral, treatment and travel patterns within the total medical community — could be taken to better accommodate patient needs at already existing facilities.

According to the reports, a majority of the patients who would be referred to the ASTCs are being treated at existing hospitals and surgicenters. The reports suggest that neither proposed Naperville ASTC meets the board's criterion for scope and size of the health care community.

"I think that our surgicenter could certainly be supported by the patient volume of the area," said Dr. Dieter, noting that there is no other ASTC in Naperville. "I don't know if two could be supported. I'd rather not see two if one would be marginal."

Dr. Dieter said that ASTCs provide numerous benefits. "ASTCs are simpler and less confusing than hospitals," he said. "Very little space is wasted. There's no rushing people down long hallways. Relationships are easier for all parties."

Both proposed ASTCs would provide a wide range of surgical procedures. NHV-DHSI indicated its outpatient procedures would include general surgery, Ob/Gyn, orthopedics, pediatric and family practice, plastic surgery and ophthalmology, among others. "We will be serving patients with an amazing number of procedures," said Dr. Dieter. Naperville Ambulatory would offer similar services, including pain management, anesthesia and oral surgery. ▲

\$30,000 BONUS OFFERED TO HEALTH CARE PROFESSIONALS

If you are a board-certified physician or a candidate for board certification in one of the following specialties, you may qualify for a bonus of up to \$30,000 in the Army Reserve.

Anesthesiology • General Surgery • Thoracic Surgery
Pediatric Surgery • Orthopedic Surgery
Colon-Rectal Surgery • Vascular Surgery • Neurosurgery

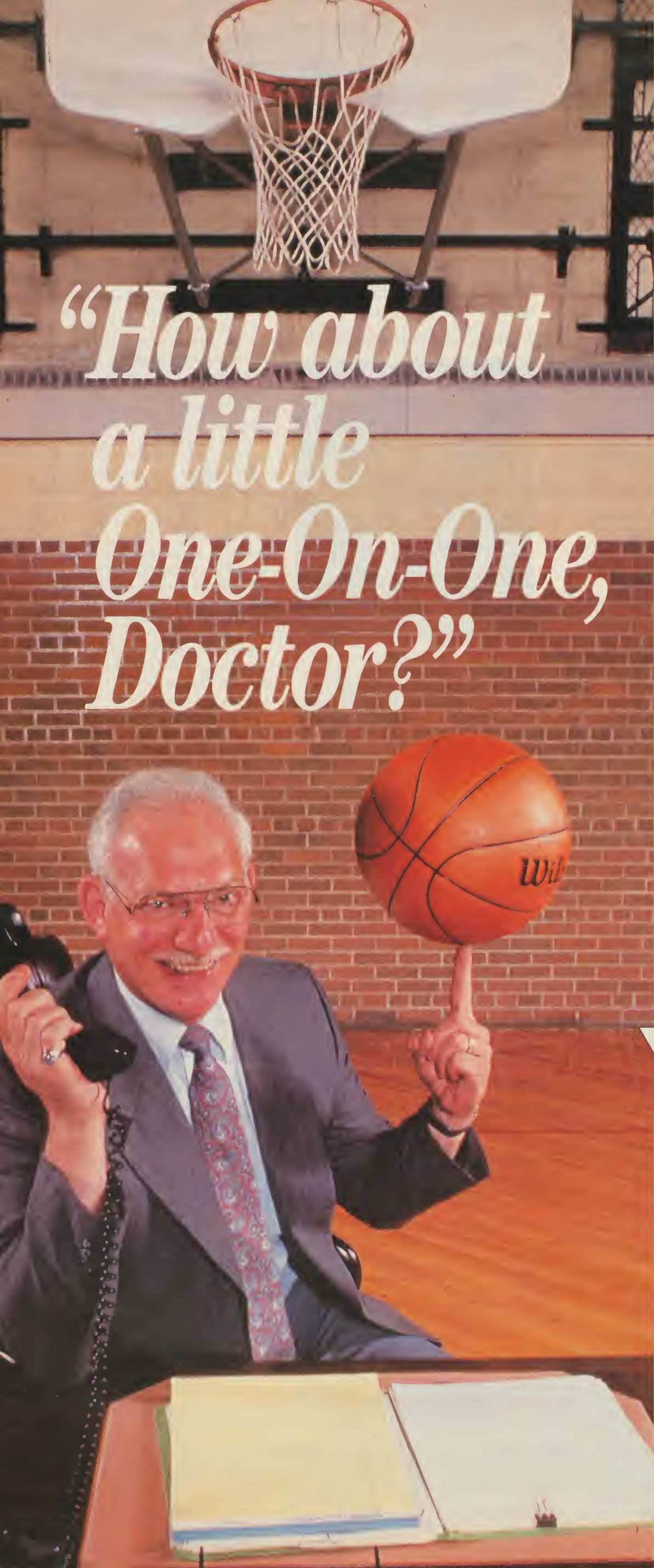
A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a \$10,000 bonus for each year you serve as an Army Reserve physician—for a maximum of three years.

You may serve near your home, at times convenient for you, or at Army medical facilities in the United States and abroad. There are also opportunities to attend conferences and participate in special training programs, such as the Advanced Trauma Life Support Course.

To learn more about the Army Reserve and the Bonus Test Program, call one of our experienced Medical Personnel Counselors:

MAJOR HARRY RUBIN or
MAJOR CHARLES DAWSON
CALL COLLECT: (708) 541-3644

ARMY RESERVE. BE ALL YOU CAN BE.



“How about a little One-On-One, Doctor?”

Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,000 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go “one-on-one” with the president of any other insurance carrier. Then call Henry.

P.S.—We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Safe harbors

(continued from page 1)

individual arrangements to determine if they are in compliance with the law. Physicians are strongly encouraged to consult their attorneys to ensure that any health care investments they have qualify as a safe harbor, according to Illinois State Medical Society legal advisers.

HHS Secretary Louis W. Sullivan, M.D., contends the new rules delineate which business relationships are legal and which ones may not be. "This regulation will give health care providers the guidance they have been looking for as to how to operate in a lawful manner vis-a-vis the anti-kickback statute," Dr. Sullivan said, in announcing the regulations last month. "We hope that health care providers will be encouraged to conform their business arrangements to the safe harbors and thereby engage in healthy competition that helps restrain health care costs."

The new rules may force some doctors to choose between operating a needed health facility and treating or excluding Medicare and Medicaid patients.

Business arrangements violating the anti-kickback law are punishable as criminal felonies, carrying penalties of up to \$25,000 and five years in prison. Physicians involved in non-safe business ventures should consider reconfiguring the arrangements to avoid investigation and prosecution, the government said.

"We know that the overwhelming number of health care providers want to operate legally and will restructure their arrangements in compliance with these rules," Dr. Sullivan said.

No grandfathering

The new regulations do not "grandfather" existing investments, HHS said. Therefore, any physician who has financial interests not covered in the safe harbor rules could potentially be investigated and prosecuted.

According to the regulations, physicians who invested in a health care business arrangement after the revised statute was enacted 14 years ago did so at their own risk, even though regulations detailing safe harbors were not published. "Any conduct that could be construed to be illegal after the promulgation of this rule would have been illegal at any time since the current law was enacted in 1977," the rules state. "Thus, illegal arrangements entered into in the past were undertaken with a risk of prosecution."

Among the safe harbors delineated by the government July 29 are conditions for investments and referral arrangements, space and equipment rental, joint ventures and management contracts, and sale of a medical practice.

Of the 11 safe harbors, the 40-60 rules governing physician investments in hospitals and other facilities, such as diagnostic imaging centers or clinical laboratories, will have the greatest impact on physicians.

These rules stipulate that physicians, or "interested owners" (those in a position to influence referrals to the facility), may own no more than 40 percent of a "health care entity." Nor can "interested owners" account for more than 40 percent of the revenues generated from patient visits.

Therefore, 60 percent of the value of a hospital, clinic or independent lab must be owned by "disinterested parties" who do not refer patients to the facility. And, 60 percent of the revenue must come from sources other than the facility's owners. This condition does not apply to large publicly traded corporations with \$50 million or more in assets.

Joint ventures between physicians and other investors were one of the government's greatest concerns, HHS said, because of the potential for abuse by physicians referring patients to health care facilities in which they have vested interests. The trouble, according to the government, occurs when physicians treating Medicare and Medicaid patients receive income from health care-related investments in addition to treating patients. Even though physicians may disclose their financial involvement with the health care facility to their patients before making a referral, the government sees the potential for abuse.

The rules address only the business relationships of health care providers treating Medicare and Medicaid patients, and some observers say physicians or facilities that do not treat these patients are exempt from the regulations. As a result, the new rules may force some doctors to choose between operating a needed health facility and treating or excluding Medicare and Medicaid patients. This could jeopardize access to health services in underserved areas, some Illinois physicians claim. (See story, page 1.)

Some labs, equipment also safe

Physicians who own medical equipment, such as diagnostic imaging machines, are considered covered by a safe harbor provided they use the equipment to treat only patients from their own practice – regardless of whether it is group or solo. No referrals from outside practices can be accepted if the equipment is to be considered a safe harbor.

For physicians who own or have invested in a clinical laboratory, no safe harbor exists for referring Medicare patients. Doctors may operate their own in-office clinical lab, but cannot accept outside referrals if their lab is to be covered as a safe harbor. Therefore, physicians who perform lab tests in-office for their own patients are covered.

Complicating this issue, however, are impending federal Clinical Laboratory Improvement Act regulations that may supersede safe harbor ventures for laboratories outlined in these rules. Although no release date has been announced, CLIA regulations are expected to be handed down in the next few months.

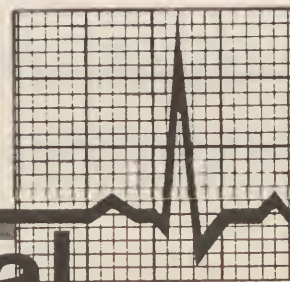
"The best thing physicians can do at this point is to sit down with an attorney and attempt to determine if their specific arrangement is safe," said an ISMS legal adviser. "They also need to be alert to new regulations as they are handed down by the government to avoid possibly illegal business ventures." ▲

Government issues 11 safe harbors for MDs

The Office of Inspector General July 29 issued safe harbor regulations detailing 11 business arrangements the government considers exempt from criminal prosecution under the Medicare and Medicaid anti-kickback statute. Physicians are encouraged to consult their attorneys to determine if their business arrangements are in a safe harbor.

- 
- Investment interests
 - Space rental
 - Equipment rental
 - Personal services and management contracts
 - Sale of a practice
 - Referral services
 - Warranties
 - Discounts
 - Employees
 - Group purchasing organizations

Rice Clinic Medical Center



CENTRAL WISCONSIN

The Rice Clinic, a 29 physician multispecialty group is seeking BC/BE individuals in the following specialties:

- | | |
|--|--|
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Rheumatology |

Attractive income and ownership arrangements. Excellent practice environment with many outdoor recreational and cultural amenities.

Send CV to:

Paul R. Ford, Administrator
Rice Clinic, S.C.
2501 Main Street
Stevens Point, WI 54481
or call collect:
(715) 344-4120

Patient access

(continued from page 1)

change our practice to any great degree right now, we can't be sure of the effect down the road. I don't know how the law will be interpreted and even the attorneys cannot fully guarantee what will be safe. We try to keep abreast of all the legal changes imposed by the government, yet if we make some minor mistake, we face a harsh penalty."

'There's no way to know'

Ronald G. Welch, M.D., Illinois State Medical Society Tenth District trustee, is one of a group of physician investors who opened a magnetic resonance imaging center in downstate Belleville in the early

1980s. They did so, Dr. Welch said, to offer needed services to patients in St. Clair County. Now Dr. Welch and his partners are not sure if they are in compliance with the anti-kickback law or not. "There's no way to know until we're investigated," he said.

After the center's certificate of need application was approved, the physician owners offered stock through the Securities and Exchange Commission. All of the shares happened to be purchased by physicians, "but anyone could have bought the stock," Dr. Welch said.

A local radiation treatment center owned by area oncologists also might not be in a safe harbor, according to Dr. Welch. The Illinois Health Facilities Planning Board allowed the physicians to build the center, saying

there was no need for the town's two hospitals to establish their own centers. The board approved the center's certificate of need, provided the two hospitals and their physicians worked together to create one center.

"Now that may be a problem," Dr. Welch said. "These centers are not evil. They were put up for the benefit of patients, not to make money. In our part of the state there is no MRI or cancer center on every corner. These facilities take all comers. It is not in the benefit of the public to force these places to close."

If, in fact, the center is not in a safe harbor, the community's other option would be to establish a hospital-based radiation center, "but if one hospital gets one, then the other has to get one also," Dr. Welch predict-

ed. "Then costs go up because there is excess expensive equipment. And if the hospitals decide not to buy the equipment, then access is hurt. In our area, those patients would have to go to St. Louis."

For those business arrangements not in a safe harbor, physicians will probably have to restructure their agreements, Dr. Welch said. That means many physicians face selling portions of their business at "discount prices" or limiting access to government-covered patients.

"These rules were enacted basically to protect Medicare's money," he alleged. "If physicians had known in advance what the safe harbors would be, they might not have gone into the ventures to begin with. These doctors are providing a service that otherwise wouldn't be available. Access will definitely suffer if physicians have to decide to just deal with the paying public and not treat Medicare patients."

Dr. Welch also questions the wisdom of mandating that 60 percent of the equity in an independent health care facility must be owned by "non-interested parties," those not in a position to influence the referral of patients, as the regulations state. Many centers, including the MRI in which Dr. Welch invested, operated at a loss for the first few years they were open. "If businessmen and lawyers become majority owners, then the centers are operated by the bottom line, not in the patients' interests," he said.

'More harm than good'

Although the safe harbor regulations do clarify some gray areas of the anti-kickback statute, they may do more harm than good in some instances, said ISMS Secretary-Treasurer Alfred J. Clementi, M.D. For example, in communities where physicians have financially supported needed health care services, such as labs, x-ray facilities and surgicenters, those doctors may now be penalized for their efforts, Dr. Clementi said.

"The government was trying to make some corrections in the system by creating the rules, but the basic understanding is incorrect," he said. "The reason physicians got into these ventures was for the benefit of patients, because the service was needed. The government says we got into it for our own gain, to make money. That's not true."

When physicians are so apprehensive about "Big Brotherism" that they stop performing certain procedures to avoid breaking the law, "that's when regulation gets to be too much," Dr. Taylor said. She added that although many physicians will not be affected by the regulations, all doctors will have to carefully review any future business relationships.

She likens the government's new safe harbor rules to the highway patrol reminding motorists to drive safely, posting no speed limit signs and then picking up drivers for speeding.

"Right now, many upstanding, law-abiding, conscientious doctor-citizens don't know if they're breaking the law," Dr. Taylor said. "We're supposed to be professional people, and yet we're afraid of breaking the law the same as if we're common garden-variety criminals. That's not right." ▲

Why does JACKSON & COKER recruit more physicians each year than any other company?

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
& COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



GRATEFUL MED® Training

September 18
Peru, IL

October 23
Monmouth, IL

November 25
Princeton, IL

3 credit hours Category I

**GRATEFUL MED
is a user-friendly
communications package
developed by the National
Library of Medicine (NLM)
to access MEDLINE® and
other NLM databases via
a personal computer.**

To register
call
(309) 671-8488

Library of the
Health Sciences -
Peoria
University of Illinois
College of Medicine
at Peoria
P.O. Box 1649
Peoria, IL 61656

Supported under contract number
467-MZ-001300 from NLM

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

St. Charles. Probably the best opportunity for a primary care physician in the Midwest. Our full-service medical facility is located in an extremely desirable growing suburb of Chicago. The St. Charles/Geneva community is quaint, yet progressive, financially strong, and very popular with young families. Our facility is state-of-the-art with on-site x-ray, lab, pharmacy, surgical, electronic billing and more. We provide 90 percent of primary care needs for our patients and industrial clients – including immediate care. You will have the opportunity to enjoy immediate equity. You will be impressed. Contact Mark Lewis, M.D., 708/377-7979.

Family practice – hospital-sponsored clinic opportunity. Dynamic, growth-oriented hospital in beautiful north central Wisconsin is seeking family physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangness, Associate, The Chancellor Group, Inc., France Place, Suite 920, 3601 Minnesota Dr., Bloomington, MN 55435; 612/835-5123.

BC/BE radiologist wanted for part-time position. Private practice in a hospital setting. CT, MRI and some angiography/interventional experience required. Up to 18 full weeks per year which includes light call. Generous salary. Small college community in west-central Illinois. Send curriculum vitae with reply to Box 2198, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

SE Wisconsin pediatrics – unique opportunity for 1-2 skilled BC/BE pediatricians. Hospital management and start-up assistance available along with coverage from skilled BC colleagues. Be part of a new practice in a prospering community close to Milwaukee, Madison and Chicago. Contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Urgent care. Marshfield Clinic is seeking physicians trained and certified in primary care (family practice, internal medicine, pediatrics or emergency medicine) to join urgent care practice in Marshfield, Wis. Specialists representing all branches of medicine and surgery provide support care and services. Full-time physicians work 45-50 hours/week, usually four 12-hour days, including periodic weekends and holidays. Combine this practice with an ER practice if desired. We offer a competitive salary and excellent benefits. Send CV and references to David L. Draves, Director, Physician Staffing, 1000 N. Oak Ave., Marshfield, WI 54449, or call 1-800-826-2345, ext. 5376.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Medical director. BE/BC IM or FP Physician needed for medical director at Henry Hill Correctional Center, Galesburg. Directors receive an excellent guaranteed clinical remuneration, administrative stipend and benefit package. If you feel imprisoned by private practice, our opportunity can free you from these headaches. For confidential consideration, call John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John "B."

Internist needed to join one of the leading internal medicine practices in Kenosha, Wis. This is an opportunity to build a strong and vibrant practice within the first one to two years. Office conveniently located on the hospital campus. Kenosha provides an excellent quality of life: many choice yet affordable places to live, superior schools, proximity to recreational facilities, and central location less than one hour from either Chicago or Milwaukee. Compensation competitive including an incentive plan which provides enhanced earning potential. Contact Jan Channon 708/945-7717 or send CV to 1855 H Deerfield Rd., Suite 2300, Highland Park, IL 60035.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Chairman, department of internal medicine – Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy is a major Chicago multi-site medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois-affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

Ob/Gyn: BC/BE – Bettendorf, Iowa; academic/clinical position. Shares with clinical director the supervision of third-year Ob/Gyn resident and first-year FP residents for prenatal care, gyn, family planning (no terminations). Jointly responsible for 35-45 deliveries/month as a resource person for complications. (Residents take care of normal deliveries.) Employment by University of Iowa. Faculty associate. Competitive salary, retirement, health benefits and malpractice paid. Call/write Dow Edgerton, M.D., 319/359-7972, or Maternal Health Center, 852 Middle Rd., #11369, Bettendorf, IA 52722.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

BE/BC radiologist – partnership available in hospital practice at St. Mary's Hospital, Streator, which is a 240 licensed bed hospital with a service area of 35,000. Streator is located 100 miles southwest of Chicago. For further information contact Robert Gubbels, St. Mary's Hospital, 111 E. Spring, Streator, IL 61364; 1-800-325-7699.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Family practice – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Ob/Gyn – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

Prominent acne clinic in N.W. suburbs seeking der-matologist. Flexible hours. Send resume to Box 2199, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

BC/BE radiologist immediately needed to join two others in practice in Centralia. Peaceful community of 17,000, one hour east of St. Louis. 60,000 procedures/year all modalities in progressive 286-bed hospital. Excellent remuneration, partnership two years and no buy-in. Contact Richard Rudman, M.D., 13 Orchard Dr. East, Centralia, IL 62801; 618/532-6731 office, 618/533-2066 home.

Situations Wanted

Board-certified OB/gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physically disabled, 37-year-old physician interested in work at home. Experience in medical writing; research in neurosurgery, neurology, GI, oncology, hematology, ortho. Excellent abilities in writing, speeches, research reports, literature searches, insurance paperwork, chartwork, etc. Contact S. Engel, M.D., P.O. Box 171, Park Ridge, IL 60068, or call 708/692-2207.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Well-equipped laboratory in professional building in midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Elgin. Medical space available in fast expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Near lake. 32-unit courtyard building, two penthouse apartments with elevators, indoor garage, no deferred maintenance, nets \$160,000, asking \$1,225,000. East Rogers Park. Cash machine – 32 units plus nine stores, new boiler, many improvements, nets \$115,200, asking \$849,000, assumable mortgage at 10 percent, possible owner second. Remax Exclusive Properties – Chuck Stuparits, 312/918-2266.

Office space for lease. Oak Forest. Professional/business office space for lease. Suites 900 to 2,200 square feet/elevator building. Near RTA/Metra/x-way. Rate extremely competitive. 708/687-5200.

For sale, family practice. Active practice which nets \$150,000 per year with great potential for further growth. Located in prosperous, lakeside Illinois community. No public aid or HMO affiliations. Very low asking price. Reply to Box 2200, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Longboat Key, Fla. – gulf to bay professional haven. As your buyer's agent I will find the property you desire and negotiate the lowest price and best terms. No fee to you! Don Carey – White Sails Realty, 5610 Gulf of Mexico Dr., Longboat Key, FL 34228; 813/383-3718, evenings 813/383-3306.

Miscellaneous

Appointment scheduling software designed specifi-cally for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Bogged down with dictation? 24 hour phone in cen-tral dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll-free dictation.

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-786-3037 (24 hours). Alan D. Kirscher, M.A.

WHEN IT COMES TO LIABILITY INSURANCE, TALK TO PEOPLE WHO LISTEN CAREFULLY.

No one listens more carefully than your peers, especially when it comes to addressing your professional liability needs. And no one understands better the uncertainties that face a new physician just beginning practice.

This is one of the main reasons more new physicians turn to the Exchange for their liability insurance. The Exchange is the state's first and most experienced physician-owned insurer.

Thanks to the Exchange, new physicians enjoy a confidence that was not possible in the mid-seventies, when major insurers abandoned the insurance marketplace. The Exchange was created by physicians to ensure that their future colleagues would never have to face such a crisis again.

The Exchange helps new physicians get a head start by offering substantial discounts for the first three years.

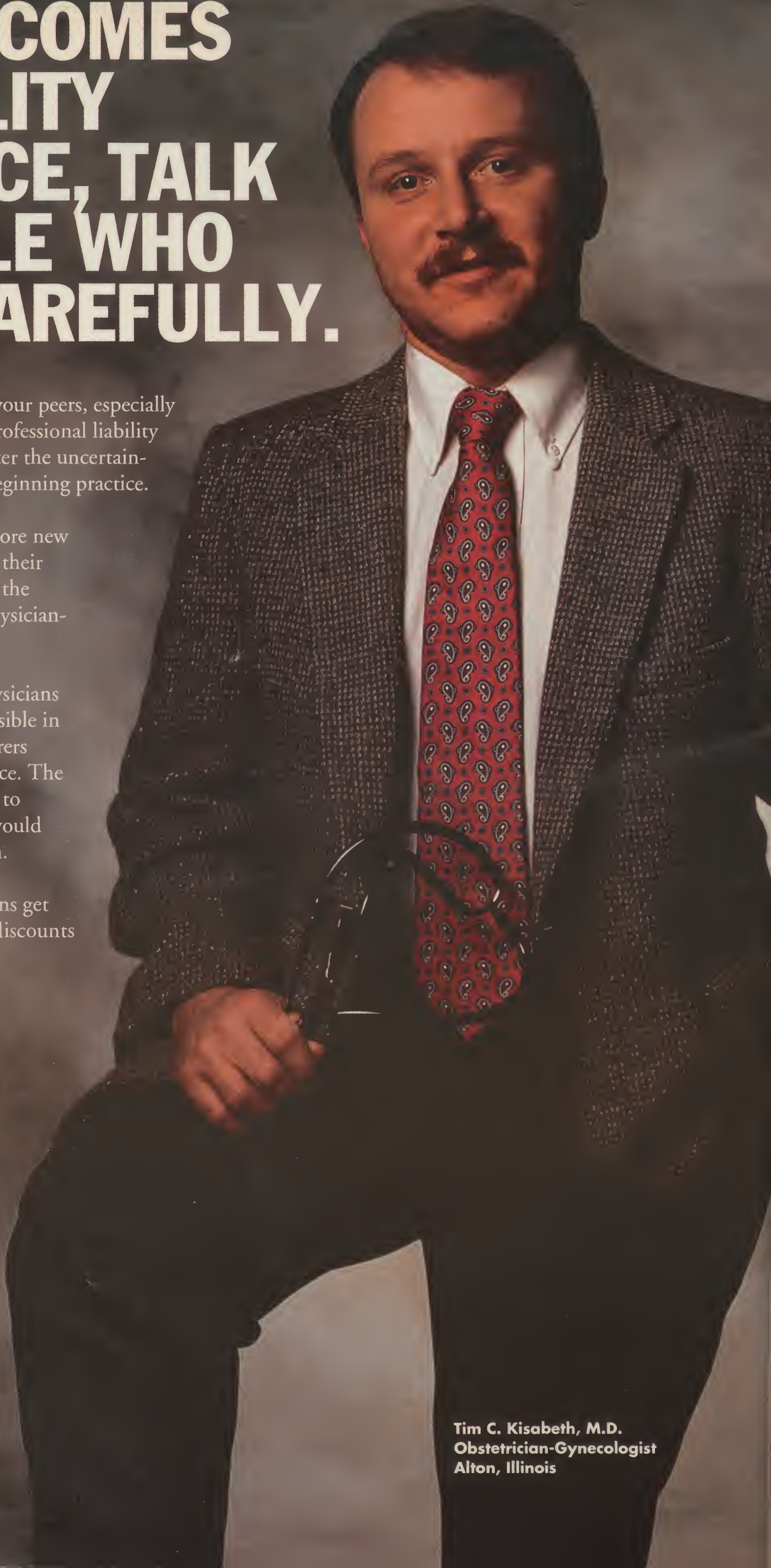
Committed to the vitality of our profession – when it comes to the needs of the new physician – you'll find the Exchange is all ears.

ISMIE

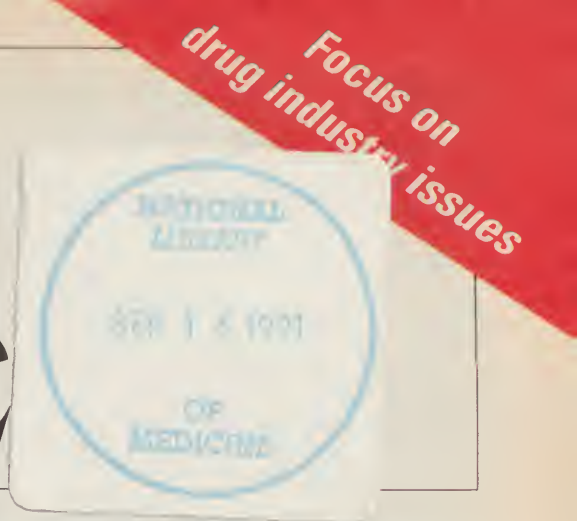
*Part of the solution.
Not part of the problem.*

Illinois State Medical
Inter-Insurance Exchange
Twenty North Michigan Avenue
Suite 700
Chicago, Illinois 60602
Telephone: 312.782.2749
Toll Free: 800.782.ISMS

Tim C. Kisabeth, M.D.
Obstetrician-Gynecologist
Alton, Illinois



Illinois Medicine



September 13, 1991

ILLINOIS STATE MEDICAL SOCIETY

Government begins correcting RBRVS

by Tamara Strom

AFTER RECEIVING MORE than 95,000 comments criticizing the proposed implementation of its resource-based relative value scale physician payment system for Medicare, the Bush administration may be moving to correct some of the perceived flaws. But just how far the administration is willing to bend is still uncertain.

While confirming that the administration is reviewing the proposed RBRVS payment system, the U.S. Department of Health and Human Services could give no indication when it will release a revised version of the rules.

"We're reviewing what we proposed in terms of the [Medicare] fee schedule," said an official with the U.S. Health Care Financing Administration, the agency that oversees Medicare. HCFA's review of the proposed rules came at the direction of HHS Secretary Louis W. Sullivan, M.D., the Medicare official said. "We want to see how much latitude the

statute provides in order to accommodate obvious congressional intent," he added.

In calling for Medicare payment reform in the Omnibus Budget Reconciliation Act of 1989, Congress had garnered a coalition of physicians and administration officials to support the concept of RBRVS. However, the sweeping across-the-board rate cuts outlined in the proposed rules clearly violate Congress' intent for budget neutrality, according to letters written to Dr. Sullivan by the House Ways and Means and Energy and Commerce committees. HCFA's planned \$7 billion reduction in spending for physician services drew the ire of physicians and lawmakers alike.

Although the news that HCFA is rethinking at least some aspects of the rules is encouraging, the medical community remains wary about the final outcome.

"We hope the government is not playing a game here, making some aspects of the payment system more

(continued on page 21)



Gov. Jim Edgar signs H.B. 2295, which stiffens lead testing requirements for children. More than 125 children at the Meadowdale Housing Units in Herrin were tested for lead levels in their blood in conjunction with the bill signing. See story, page 3. ▲

Deere health subsidiary cancels contract with Quad City IPA

by Tamara Strom

PHYSICIANS IN THE Quad Cities area are learning fast what corporate medicine is all about. In an effort to reduce costs, John Deere & Co. is severing its relationship with the Western Illinois Independent Physicians' Association.

Effective Sept. 30, Deere's health care subsidiary, Heritage National Healthplan Services Inc., will let lapse its contract with the Western Illinois IPA, a business organization that negotiates rates and acts as a watchdog for its 220 physician members in Rock Island and Henry counties. Heritage constitutes about 75 percent of the IPA's business, with 33,000 Heritage patients and 10,000 patients in other health plans.

Instead of contracting with the IPA to treat patients enrolled in its health plans, Heritage has opted to contract with physicians individually. Physician members were notified by Heritage July 29 by mail about the non-renewal of the IPA contract, and were offered an opportunity to sign on with Heritage themselves.

"This very difficult decision was made based on our belief that the most positive relationship between Heritage and Illinois Quad City physicians can be achieved by contracting directly with the physicians," the letter said. "Heritage has a strong desire to remain sensitive to local physician concerns."

Heritage promised to set up a physician-directed peer review system and a physician panel to review financial results and discuss reimbursement issues.

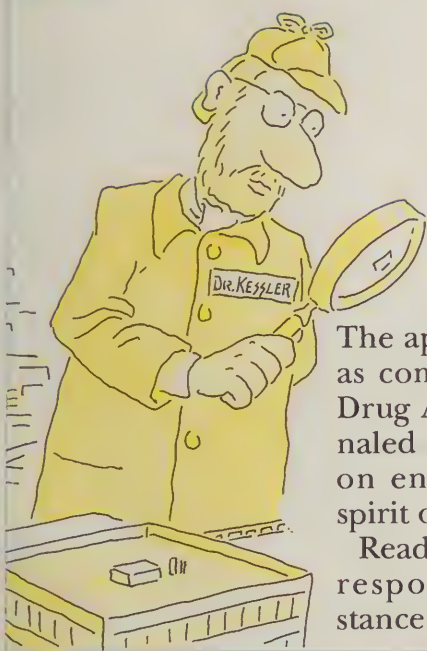
But the new arrangement leaves participating physicians without the negotiating strength of an IPA behind them, local doctors say. In addition, because of anti-trust laws, doctors cannot discuss fees among themselves outside the shelter of an IPA.

Although physicians signing individual 15-month contracts with Heritage will keep the same fee schedule

(continued on page 16)



Area firms feel impact of increased FDA enforcement



The appointment of David Kessler, M.D., as commissioner of the U.S. Food and Drug Administration six months ago signaled a return to an activist agency bent on enforcing both the letter and the spirit of FDA regulations.

Read about how Illinois drug firms are responding to this more aggressive stance. See story, page 10.

In this issue

Specialties deny CDC 'HIV exposure-prone' list.....2

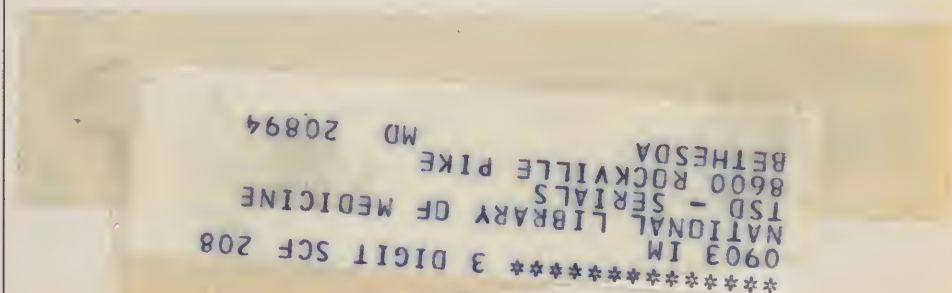
Rep. Cox speaks to Rockford physicians.....2

Governor signs lead testing bill.....3

ISMS Auxiliary seeks to expand senior program.....13

Illinois borrows money to pay physicians' bills.....14

Members in the News18



Specialties refuse to list exposure-prone tasks

by Tamara Strom

SAYING THAT it would mislead the public, most of medicine's specialty organizations decided against creating a list of exposure-prone procedures called for by the U.S. Centers for Disease Control's new HIV guidelines. Representatives of nearly 20 specialty groups present at an Aug. 28 meeting at American Medical Association headquarters in Chicago voted not to delineate exposure-prone procedures, or even broad categories of procedures.



The meeting, also attended by CDC staffers, was called for the express purpose of creating such a list. And the AMA had planned on releasing at least a partial list during an Aug. 30 press conference in Washington, D.C., featuring former U.S. Surgeon General C. Everett Koop, M.D., talking about the minimal risk of HIV transmission to patients from health care workers.

"There was no support for a list," M. Roy Schwarz, M.D., AMA senior vice president for medical education and science and chairman of the AMA AIDS task force, told *Illinois Medicine*. "They decided against creating a list of procedures, and they did so knowing that other groups, including the American Dental Association, were formulating categories and lists of exposure-prone procedures. They didn't feel the available science warranted it."

Although he had anticipated the groups' decision as a "potential scenario," Dr. Schwarz said the vote against the list was a little surprising. "I was expecting some kind of broad categories of safe procedures, such as 'going to a psychiatrist is 100 per-

cent safe' and 'well-baby examinations are totally safe,'" he said. "But they were not even willing to do that, because they thought it would inflame the already extreme concern of the public."

Instead, the representatives decided a more prudent course would be to launch an "enhanced public relations campaign" to explain transmission risks in health care settings. Other actions the representatives recommended include an educational campaign for health care workers on infection control procedures and minimizing risk; additional research on health care worker injuries and the occurrence of seroconversion; and more "look-back" studies to gather data to support the theory about the low risk of HIV transmission from health care workers to patients.

The AMA now is uncertain whether it will produce its own list of exposure-prone procedures, absent the support of its specialty members, Dr. Schwarz said. "We did not commit ourselves to a list," he said of the AMA's announced support of the CDC guidelines. The CDC asked for lists of exposure-prone procedures to be completed by Nov. 15. "We committed to bringing people together to discuss the risks and we've done that. The AMA in general supported the CDC guidelines, such as the voluntary disclosure of HIV status and no mandatory testing."

Dr. Schwarz reiterated AMA's current policy that HIV-infected physicians should tell their patients about their infection or stop performing invasive procedures. "Until the science is clear, we'll err on the side of patients," he said, of the Association's "tell or quit" policy adopted by the AMA Board of Trustees in January and ratified by the House of Delegates in June.

(continued on page 22)



Vernon C. Voltz, M.D. (left), an emeritus member of the Winnebago County Medical Society, speaks to U.S. Rep. John Cox Aug. 27 at a Society meeting in Rockford.

Mr. Cox goes to Rockford

by Ginny Thiersch

FRESHMAN U.S. REP. John W. Cox Jr. took the podium at the Winnebago County Medical Society meeting Aug. 27 saying, "I claim no expertise in health care and I encourage and welcome your contributions to my education." The physicians of Winnebago County gave him his first lesson then and there.

The first Democrat elected in 150 years from the 16th Congressional District, Cox said health care and access to medical insurance were the top concerns cited by citizens during the 22 "town hall" meetings his office held earlier this year.

"There is a pervasive fear in the community," he told the 150 physicians and their spouses at the meeting. "People are worried about their own health care and about what's going to be available for their children in the future."

Businesses in the district rate health care as a priority as well, he said. "They fear government-mandated health insurance, because they know their employees will be covered and they will be out of business - they'll be bankrupt" by the cost of providing that coverage.

Cox admitted having "strong second thoughts" about national health care plans such as that put forward by Sen. Edward Kennedy (D-Mass.). He had supported such a program during his campaign last fall against Republican John Hallock, but claims now to be rethinking his position. Nevertheless, he feels some type of fundamental reform of the American health care system is on the horizon.

"When so many people are so seriously concerned about a subject, reform is inevitable," he said.

The Galena-based attorney cited "national confusion" over several concepts integral to a national

health plan, including basic care levels, the individual's right to care vs. responsibility for paying for care and the lack of political, social and cultural agreement on concepts such as rationing.

He drew a laugh when he admitted, "There is every reason to believe Congress will pass a bad law" in response to this lack of unity. To avoid that scenario, he said, "We need physician input into whatever kind of plan is developed to get a system that makes sense or that is, at least, a responsible experiment."

Discussing one proposal before Congress based on the Canadian system, Cox called the proposal "a dangerous approach to take," citing the need for massive tax increases to fund the program and little or no built-in cost controls.

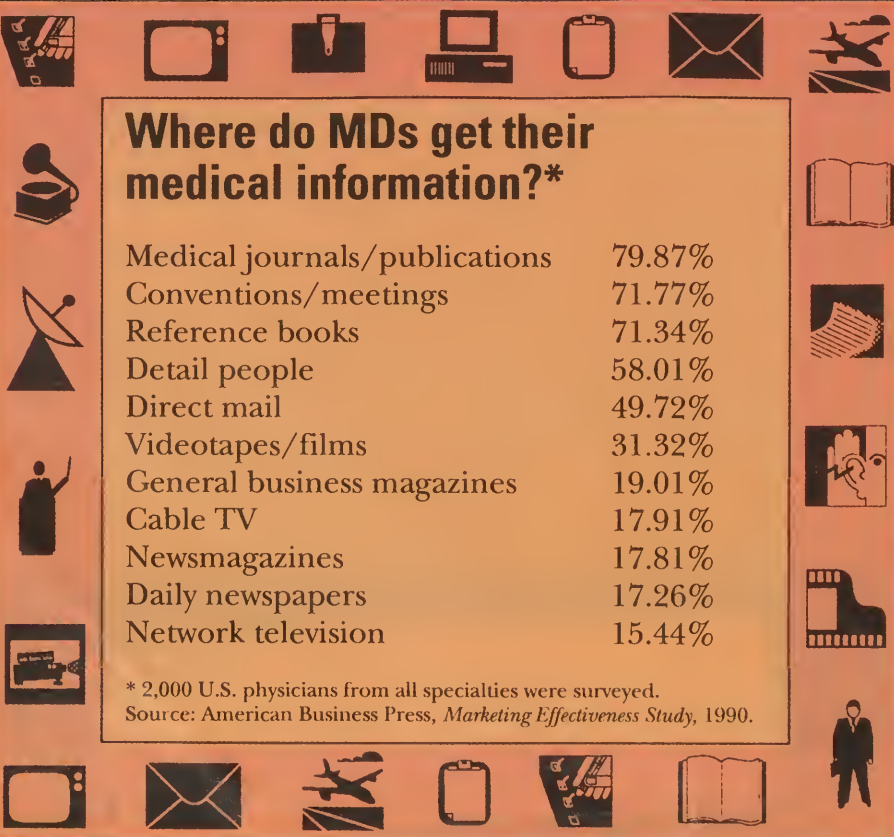
When asked what he thought Congress would do to control health care costs by means of tort reform, Cox admitted sympathy for physicians' problems but stuck to his position opposing caps on non-economic damages.

"My own attorney malpractice premiums rose at a level 10 times the inflation rate" while he was in practice, he said, "so I understand your concern."

"But caps are not the reasonable way to handle tort reform," he said. "I am not supportive of tort reform that limits judgments. That says that politicians, like me, know better than do the experts and the juries."

The congressman precipitated a hail of protest when he referred to pretrial screening panels as an existing Illinois procedure to moderate the malpractice crisis. Informed that the concept has been killed twice in 15 years by the Illinois Supreme Court, Cox retreated, declaring that it was appropriate for judges to reduce awards deemed out of line or unreasonable. ▲

Physician Facts



Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Governor signs lead testing bill

by Tamara Strom

STRAINING TO SPEAK above the cries of children undergoing tests for lead levels in their blood, Gov. Jim Edgar Aug. 30 signed into law H.B. 2295, which calls for lead screening of all Illinois children under age 6. The new law makes Illinois one of only a handful of states with a sweeping lead testing law.

Edgar signed the bill at the Meadowdale Housing Units in downstate Herrin, where a lead problem in apartment paint has been identified. State and local health officials began testing for about 125 children living in the housing project in conjunction with the bill signing.

"Lead poisoning is one of the great hazards to our young people; in fact, it's probably the No. 1 environmental threat facing the children of this country," Edgar said. "It's imperative that we do all we can to eradicate lead poisoning. One of the ways to do that is to make sure we test children early enough to catch if they do have any type of lead poisoning before there is permanent damage."

Calling lead poisoning a problem that affects the inner cities as well as rural areas, Edgar said the legislation will help identify children at risk for lead poisoning and those children who already have some level of lead in their bloodstream. He cited estimates that as many as 150,000 Illinois children have at least low levels of lead present in their blood, while another 28,000 children in the state have "high-level lead poisoning."

John R. Lumpkin, M.D., director of the Illinois Department of Public Health, said this law reinforces the Edgar administration's commitment to prevention and represents good public health policy. "This country expends in excess of \$600 billion a year for health care and treatment of illness," said Dr. Lumpkin, who accompanied the governor to Herrin. "We in public health have long put forth the notion and the concept that if we can detect problems early, treat them early and prevent illness, we can save significant portions of our funds."

Screening of all children, testing for those at risk

The new law mandates that physicians screen for possible lead poisoning all children between the ages of 6 months and 6 years according to American Academy of Pediatrics guidelines. This leaves determining the need for a blood lead-level test up to a physician's judgment.

The legislation requires that by Jan. 1, 1993, every child entered in a day care center, nursery school, preschool or kindergarten provide proof that he or she has been screened for lead poisoning. Although during his remarks at the bill signing Edgar said the legislation mandates annual screening for all children under 6, IDPH has yet to write the actual rules determining testing frequency.

According to IDPH, the rules will be formulated after the U.S. Centers for Disease Control and the AAP release revised lead-level screening guidelines expected soon. Currently, the acceptable blood level of lead for children is 25 micrograms per

deciliter (mcg/dl), but Illinois physicians who have seen the CDC's draft guidelines now circulating suggest the level will be lowered dramatically to 10 mcg/dl. The revised dangerous lead level cutoff may broaden the number of children considered at risk for poisoning, the department said.

In addition, more and more children are being exposed to lead when their parents purchase and renovate older homes, IDPH said. Any child living in a home built or painted before 1977, when lead paint was banned, could be at risk, IDPH said.

The law also calls for health care providers, laboratories, hospitals and

(continued on page 21)



John R. Lumpkin, M.D., IDPH director, looks on as nurse Nikki Nance tests 2-year-old Sierra Powell of Herrin for lead levels in her blood.

The Spokesman

Blue Cross[®] Blue Shield[®] REPORT FOR *Illinois Physicians*

FOR THE PREFERRED PARTICIPATING PHYSICIAN

Directory of Blue Cross and Blue Shield of Illinois (BCBSI) Preferred Participating Physicians

The Directory of Participating Physicians has been updated and mailed to the offices of the more than 11,000 Preferred Participating Provider (PPO) physicians in Illinois. This directory is also being made available to the Human Resources Office of employer groups so that our subscribers can easily locate and select a participating PPO physician to meet their health care needs.

Under the PPO program, more than 900,000 of our members receive maximum benefits available when they receive care from participating PPO physicians. A reduced level of benefits is provided when care is rendered by non-PPO physicians.

To join our PPO program and ensure your listing in the next directory, please contact the Provider Assistance Unit at (312) 938-7340 for information.

New Provider Claims Summary Message

Your BCBSI patient may be responsible for certain payments given the Cost Containment and PPO program requirements of their health benefit program.

To reflect and explain these patient responsibilities for payment now identified in the "DEDUCTIONS/OTHER INELIGIBLE" area of your Provider Claims Summary (PCS), the following message will appear at the bottom of your PCS: "Program requirements as identified by the member's contract have not been fulfilled. This is a patient liability."

MCNP Personal Care Physician Questions and Answers

Below is a sample of frequently-asked questions drawn from MCNP Personal Care Physician training sessions held this summer. Please refer to your Reference Manual or contact your assigned Program Coordinator if you have any further questions on our new MCNP program.

When do I need to use a Referral Form?

Complete a Referral Form for any services not provided by you. You must submit a copy to BCBSI at the address preprinted on the form.

Where can I get more HCFA-1500 claim forms or Referral Forms?

For HCFA-1500 claims forms, please contact the American Medical Association at P.O. Box 10946, Order Department, Chicago, IL 60610 or (312) 280-7168 -- both snap-out and pinfeed forms are available. For scannable HCFA-1500 forms, please contact BCBSI at P.O. Box A 3464, Chicago, IL 60690. For Referral Forms and Return envelopes, please contact the MCNP Department at (312) 938-7433.

(9/13/91)

Editorial

The power of raising your voice

As of this writing, the Health Care Financing Administration seems to have found a face-saving loophole that will allow the agency to "rethink" the RBRVS formulae recently released. Reminiscent of the clamor that arose when HCFA first released its clinical lab regulations over a year ago, the roar of pain and anger the medical profession set forth when HCFA waltzed out its RBRVS payment scale shook Washington to its roots.

Do not for a single moment delude yourself that all that medicine objected to in the HCFA proposal is gone – the most obnoxious feature, the behavioral offset, is not subject to HCFA revision, according to the earliest pronouncements from Washington.

But the across-the-board cuts that HCFA first insisted were required by the law, and which HCFA administrators later tried to shove off as "an unfortunate result of the technicalities of the law," have now been pulled for reconsideration and possible restoration. According to some reports, as much as \$6 billion may be added back into Medicare payments as a result of this "rethinking" of the formula.

Why did HCFA change its mind? Actually, the calls and letters had little effect on the personnel who thought this project up and who are now rethinking it. All the screaming and yelling in the world will have little or no effect on the bureaucrats who idle their way to work in Washington daily. The bureaucrats are not elected. The bureaucrats do not answer to anyone – except the people who pay the bills.

It was the pressure from Congress that changed HCFA Administrator Gail Wilensky's mind – and it was pressure from physicians in Illinois and 49 other states that brought Congress to its feet. Members of Congress are elected. Members of Congress do answer to someone – to the voters back home.

It helped that our cause was just and that right was on our side. The intent of the law was clear and no fuzzy-brained economist in the bowels of the HCFA building trying to be a hero by interpreting the law to save money could change that fact.

But Congress howled just as loud as medicine did when this wrong was committed – because medicine got the attention of that august body.

The honest anger and the real betrayal voiced in the 95,000 letters, the uncounted phone calls and the state delegation fly-ins to Washington are what got the attention of our elected representatives. In Illinois, powerful congressmen like Robert Michel of Peoria and Dan Rostenkowski of Chicago took notice – and took up our cause.

It could be that Congress isn't used to medicine setting up such a racket. After all, we had played along with the program earlier. But when the rules are changed, medicine can cry "Foul!" just as loudly as any Liverpool soccer fan.

It will be a long time before HCFA tries something like this again – we hope. In the meantime, this incident provides two lessons: First, the engine driving government health care proposals is money. It is the amount of available dollars, not the amount of need or the amount of available care, that is behind most health care issues at the state and federal levels. Second, this incident proves the strength and value of a united profession, of demanding that our elected representatives do just that – represent us – and the power of raising your voice to get what is morally and legally right.

When the going gets tough, the tough get loud. ▲



Guest Editorial

Is there a spouse in your house?



by Gayle Dustman

Last April, I stood before the Illinois State Medical Society Auxiliary House of Delegates to accept installation as this year's Auxiliary president. I used the occasion to urge Auxilians throughout Illinois to choose to make a difference.

Each of us has individual skills and talents. I believe we should choose to use these skills and talents to contribute to our community. I also believe we should follow through on this decision by soliciting others to work with us.

Thus – through you, the physician readers of *Illinois Medicine* – I ask the thousands of physician spouses in Illinois who are not yet members of the Auxiliary to join us in making a difference.

The Auxiliary serves as a partner to ISMS by assisting the Society in its efforts to improve the quality of life for the people of Illinois. We do so through a variety of health education programs and community services. Programs that address such issues as AIDS education, substance abuse education, "Healthier Youth by the Year 2000," organ donation, environmental concerns, and the epidemic of violence in our country.

We keep abreast of health care issues in the legislative arena – such as tort reform, RBRVS and universal health care – and assist ISMS in its lobbying efforts in Springfield. A source of particular pride is the joint ISMS/Auxiliary mini-internship program, in which state legislators and community leaders spend a day with physicians observing firsthand both

the problems and joys of practicing medicine.

Through Auxiliary membership, your spouse has the opportunity to be a part of this important work. But the Auxiliary can also be a source of tremendous support. Few people outside the medical community can fully appreciate the pressures under which today's physicians practice. But Auxilians understand. We help each other cope with the stress engendered by the daily threat of malpractice suits and the psychological burden imposed by increasingly complex ethical decisions. Through the Auxiliary, we support each other, sharing a bond of kinship and a special relationship. I have experienced this support directly, first when my husband was a resident 15 years ago and most recently when we were faced with a malpractice suit.

Almost any physician's spouse can find a meaningful place in today's Auxiliary. The image of a group of doctor's wives getting together for tea and crumpets is a thing of the past. Auxilians today include international spouses, resident and medical student spouses, career spouses, male spouses, retired and widowed spouses, as well as the traditional spouse. Each of these people brings diverse strengths and abilities that enhance the effectiveness of our organization.

We also recognize that spouses do not always have time to manage their other commitments and also actively participate in our activities. But just being a financially supporting member strengthens our organization, while demonstrating a strong commitment to our goals. We also hope that many now active Auxilians will become more involved in Auxiliary leadership.

Our challenge is to make the Auxiliary a priority in the lives of all physician spouses in Illinois. Today there are about 18,000 physician members of ISMS, yet we have an Auxiliary membership of 2,400. Thus, we have the opportunity to increase our membership by more than six fold! The time to join is NOW! Please encourage your spouse to take that first step by contacting Cheryl Koos at the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602. ▲

Mrs. Dustman is president of the ISMS Auxiliary.

Illinois Medicine

VOLUME 3, NUMBER 17

SEPTEMBER 13, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.

Letters to the Editor

Physician involvement important

I found the President's Column in the Aug. 2 edition of *Illinois Medicine* important. There is no greater time than now for physicians to get involved with the legislative process. I personally wrote a number of officials of government regarding RBRVS and Medicare.

J.J. Magnino, M.D.
Kankakee

Keep RBRVS pressure on legislators, HCFA

PHYSICIANS ARE encouraged to continue writing to their congressional representatives in Washington about the government's proposed resource-based relative value scale Medicare payment system. With Congress back in session this week, physicians can continue voicing their concerns about RBRVS.

Letters also can be sent to Health Care Financing Administration Administrator Gail Wilensky, Ph.D., at BPD 712-P, P.O. Box 26686, Baltimore, Md. 21207. To date, more than 95,000 letters have been dispatched to HCFA.

If the administration does not satisfactorily revise its RBRVS implementation plan, Congress may have to intervene. A bill, introduced during the spring session by

U.S. Rep. Pete Stark (D-Calif.), stands ready to mandate that the Health Care Financing Administration implement payment reform without cutting spending for physician services.

Mail for congressional representatives should be addressed to:

The Honorable (Name of legislator)
United States House of Representatives
Washington, D.C. 20515

The Honorable (Name of legislator)
United States Senate
Washington, D.C. 20510 ▲

Zantac[®] 150 Tablets
(ranitidine hydrochloride)

Zantac[®] 300 Tablets
(ranitidine hydrochloride)

Zantac[®] Syrup
(ranitidine hydrochloride)

CONDENSED BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac[®] product labeling.

INDICATIONS AND USAGE: Zantac[®] is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy and is maintained throughout a six-week course of therapy.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: Zantac[®] is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: General: 1. Symptomatic response to Zantac[®] therapy does not preclude the presence of gastric malignancy. 2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix[®] may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although recommended doses of Zantac do not inhibit the action of cytochrome P-450 enzymes in the liver, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Headache, sometimes severe, seems to be related to Zantac[®] administration. Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and, rarely, pancreatitis have been reported. There have been rare reports of malaise, dizziness, somnolence, insomnia, vertigo, tachycardia, bradycardia, atrioventricular block, premature ventricular beats, and arthralgias. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days. There have been occasional reports of hepatitis, hepatocellular or hepatocellular or mixed, with or without jaundice. In such circumstances, ranitidine should be immediately discontinued. These events are usually reversible, but in exceedingly rare circumstances death has occurred.

Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Although controlled studies have shown no antiandrogenic activity, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population.

Incidents of rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia, have been reported, as well as rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine.

OVERDOSSAGE: Information concerning possible overdose and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac[®] product labeling.)

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: Zantac[®] 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets.

Zantac[®] 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 (NDC 0173-0344-42) and 100 (NDC 0173-0344-09) tablets and unit dose packs of 100 (NDC 0173-0344-47) tablets.

Store between 15° and 30° C (59° and 86° F) in a dry place.

Protect from light. Replace cap securely after each opening.

Zantac[®] Syrup, a clear, peppermint-flavored liquid, contains 16.8 mg of ranitidine hydrochloride equivalent to 15 mg of ranitidine per 1 ml in bottles of 16 fluid ounces (one pint) (NDC 0173-0383-54).

Store between 4° and 25° C (39° and 77° F). Dispense in tight, light-resistant containers as defined in the USP/NF.

September 1990

 **Glaxo Pharmaceuticals**[™]
DIVISION OF GLAXO INC.
Research Triangle Park, NC 27709

© Copyright 1987, Glaxo Inc. All rights reserved.

ZAN858R3

Printed in USA

October 1990

One Of A Kind

Zantac[®]
ranitidine HCl/Glaxo 150 mg and
300 mg tablets

Please see Brief Summary of Prescribing Information on adjacent page.

Glaxo/ROCHE

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

Case #1

Presenting complaint and initial diagnosis – A 29-year-old mother was diagnosed as having epilepsy. Her family physician prescribed Dilantin.

The case in brief – Within a few days she developed a severe rash, high fever and sore throat. Her husband also reported she seemed disoriented and her gait was unsteady. Suspecting a reaction to the Dilantin, the physician told her husband to discontinue the drug and take her to the hospital emergency room. She was then hospitalized. Five days later she had improved, but a resident, noting some seizure-like symptoms, administered another dose of Dilantin. She experienced respiratory depression and apnea and died two days later.

The resulting claim – The woman's husband sued the family physician, the hospital and the resident physician for improperly prescribing Dilantin and for wrongful death.

The outcome of the claim – The family physician claimed he advised the hospital that the woman was experiencing a severe reaction to Dilantin, but there was no such notation in her hospital record. Nor could the doctor prove he had so informed the hospital. (The issue of whether the hospital physicians should have substituted another anti-convulsant drug without phenytoin was not raised.) The case was settled for \$850,000.

Case #2

Presenting complaint and initial diagnosis – A 68-year-old male with multiple health problems, including diabetes, hypertension and a history of a previous myocardial infarction, visited his family physician complaining of increasing numbness in his lower extremities and difficulty in walking. He said he had fallen recently and that he had been ill with "the flu."

The case in brief – The physician considered spinal shock syndrome or spinal compression from the fall, diabetic neuropathy, possible thrombus in the lower extremities, or Guillain-Barré syndrome. He referred the patient to a neurologist.

The physician also discontinued coumarin, which the patient had been taking since suffering a pulmonary embolism some years earlier. The physician reasoned that the

drug should be discontinued until a lumbar puncture could be performed. Six days later, while the patient was undergoing tests (including vascular studies to rule out the presence of a thrombus), the family transferred him to another hospital in another city. The lumbar puncture was performed at the second hospital and spinal injury was ruled out. Three physicians diagnosed Guillain-Barré syndrome and prescribed 5,000 units of prophylactic heparin subcutaneously every 12 hours. Five days later, the patient suffered an acute massive pulmonary embolism and died.

The resulting claim – The family sued the family physician alleging that because the patient was at high risk for thromboembolic disease, coumarin should not have been discontinued. The plaintiffs also alleged deviation from the standard of care and wrongful death. The treating physicians at the second hospital also were sued for prescribing low-dose heparin and for failing to perform more frequent tests for hypercoagulability.

The outcome of the claim – The case went to trial. Expert witnesses testified that none of the physicians had deviated from the standard of care, that ceasing the coumarin was appropriate until a possible spinal cord injury could be ruled out, and that low doses of heparin are recommended for patients undergoing prolonged hospitalization. Clinical texts were produced indicating that continuous monitoring of a patient receiving low-dose heparin is not necessary because incidence of hemorrhage is rare. The jury returned a verdict in favor of the defendants.

Case #3

Presenting complaint and initial diagnosis – After giving birth to her third child, a 29-year-old woman asked her physician to prescribe birth control pills.

The case in brief – Because the patient was a heavy smoker with a history of migraine headaches, her physician advised against using oral contraceptives, warning of particular risks in her case. He advised her to stop smoking if she wanted to use birth control pills. The patient, however, persuaded the physician to write her a prescription. She took the pills for six months, but experienced side effects and discontinued the prescription. A year later, she suffered a debilitating stroke.

The resulting claim – The woman and her husband sued the physician and the manufacturer of the oral contraceptive for failing to advise of the risks she faced as a new mother, heavy smoker and migraine sufferer.

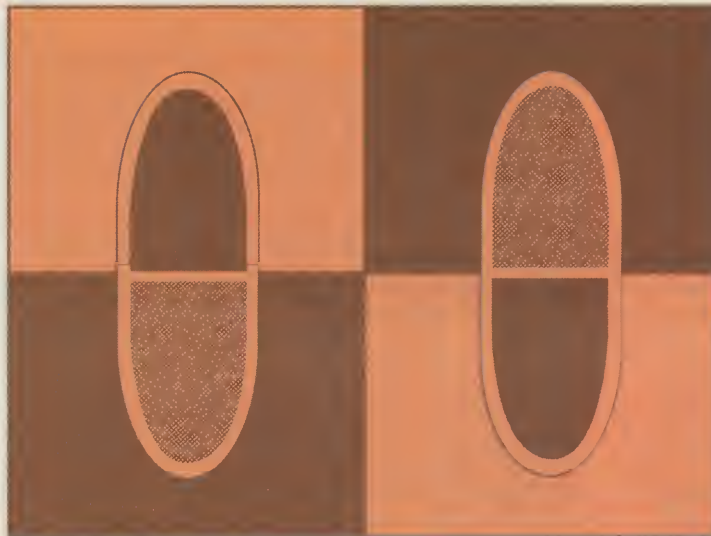
The outcome of the claim – The jury found no negligence on the part of the physician since he had properly warned the patient of the possible

risks and had noted the warning in the chart. The jury deemed the company negligent for failing to adequately warn the physician of the risks. No damages were awarded, however, because the jury found that the company was not the direct cause of the woman's stroke, and that she herself bore partial responsibility for it.

Case #4

Presenting complaint and initial diagnosis – A teenaged female in her third trimester of pregnancy came to an outpatient clinic with a severe respiratory infection. Penicillin was prescribed. A week later, she returned with apparent symptoms of penicillin reaction. A primary care physician stopped the penicillin and the symptoms disappeared.

The case in brief – When the woman went to a hospital in labor, an attending physician noted a vaginal discharge and prescribed a prophylactic dose of ampicillin. She went into anaphylactic shock. The woman was revived, but her child was born severely brain damaged and blind.



The resulting claim – The mother sued the hospital and several staff members for negligence.

The outcome of the claim – The physician who first administered penicillin in the clinic had not noted the penicillin reaction in the woman's chart. In addition, hospital physicians apparently had not asked the patient if she was allergic to penicillin. The case was settled for \$3.9 million.

Case #5

Presenting complaint and initial diagnosis – A 38-year-old man was admitted to a hospital complaining of chest pains. A cardiologist diagnosed a heart attack and hospitalized him.

The case in brief – As part of the treatment regimen, streptokinase was administered. The patient suffered severe cardiogenic shock due to an allergic reaction to the drug. Norepinephrine bitartrate (levarterenal) was immediately given. However, the patient suffered vascular collapse, resulting in the amputation of one leg, a portion of a foot on the other leg, and removal of part of his stomach.

The resulting claim – The patient sued the cardiologist and the hospi-

tal for improperly treating the allergic reaction and for failing to call in consultants expeditiously when problems developed.

The outcome of the claim – A jury returned a \$2.5 million verdict for the plaintiff. The case is on appeal.

The points these cases make – These cases are typical of the medication-related claims that are increasing significantly and can be extremely expensive. Studies show that average settlements and verdicts run from \$70,000 to \$93,000, with some in excess of \$1 million.

Vincent Costanzo, M.D., a practicing physician in Chicago who also holds a Ph.D. in pharmacology, says that physicians can select from a wide range of highly effective drugs when treating their patients. "However, these newer, highly potent drugs have the potential for precipitating serious adverse reactions and even death. They must be properly used. Consequently, knowledge about pharmacology is increasingly important to physicians."

Dr. Costanzo says that while detailed commentary on the clinical aspects of each of the cases cited is not

possible, some general suggestions for physicians can be drawn:

- Know the indications, contraindications and adverse reactions of drugs prescribed.
- If a drug reaction or interaction occurs, know the proper antidote and act to administer it. Remember that the adverse drug reaction is likely due to a hypersensitivity to the drug. Discontinue the drug and substitute one with the same therapeutic effects, but with a different chemical structure.
- Keep abreast of new developments and new pharmaceutical products. Refer to the literature and exercise caution when using a new drug. Become familiar with the drug; understand its kinetics and reactions.
- When selecting among several possible drugs, choose the drug that is most appropriate for that patient. Consider the patient's specific medical problems, age and lifestyle, including smoking and drinking habits. When prescribing those drugs that can be affected by diet, explain what foods cannot be eaten and why.
- Exercise caution when prescribing for patients with multiple health problems, such as older patients or those who have associated multiple disorders. The larger the number of pathological conditions, the greater the likelihood that adverse drug reactions will develop.
- Be alert to the problems related to polypharmacology. Multiple drug therapy is a common cause of adverse drug reactions. The more drugs a patient is taking, the greater the potential for developing adverse reactions. Also, remember that when a patient is taking more than one drug, the desired effects of one or more of those drugs can be either diminished or enhanced.
- Obtain a complete drug history for every patient. Ask your patients,

"What medications are you taking?" Include over-the-counter medications.

- Determine a patient's particular drug sensitivities, such as penicillin or aspirin. Note these in the patient chart and "red flag" this information so it is not overlooked when writing prescriptions.
- For patients with drug sensitivities, explain the possible consequences of taking these drugs. Stress that the patient should not permit another physician to prescribe any drug to which the patient is sensitive.
- When prescribing any medication, ensure that patients or those overseeing their care fully understand when and how often to take the

medication. Alert the patient or caregiver to any possible side effects, and instruct them to report any side effects that develop. To facilitate patient education, use patient information materials available from American Medical Association and other medical specialty organizations.

- Do not accede to patients' requests for certain medications when in your best medical judgment it is inadvisable to do so.
- Avoid communications breakdowns that can lead to medication errors. When seeing a new patient who has been treated by another physician, request the patient's records. Failing that, contact the physician to ascertain the nature of

the patient's past problems, and what medications have been previously prescribed. When referring a patient to another physician, provide full information in writing regarding drugs prescribed, as well as any drug sensitivities.

- In addition to noting all prescribed drugs in the patient's chart, document any warnings conveyed to the patient about medications as well as communications with other health care professionals concerning these drugs.
- Do not permit continued refills of any potentially dangerous drug without periodically re-evaluating the patient's condition.
- Do not delegate prescription refills

to any other person in the office. The physician should sign all such orders.

Dr. Costanzo suggests that physicians who carefully follow the manufacturer's instructions and advice, and who know and consider each patient's history and lifestyle, can minimize medication errors and claims in their practices. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.



That's

Efficacy!

BuSpar relieves anxiety and returns your patient to normal activity

- ...with no more sedation (10%) than induced by placebo (9%)¹
- ...without inducing significant cognitive² or functional impairment*
- ...without producing a benzodiazepine withdrawal syndrome³ upon discontinuation

Effective choice for anxiety

BuSpar[®]

Tablets, 5 mg and 10 mg

(buspirone HCl)

for a different kind of calm



*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

© 1988, Bristol-Myers Company, Evansville, Indiana 47721, U.S.A.

MJL8-4237R2

BuSpar[®] (buspirone HCl)

References: 1. Newton RE, et al: A review of the side effect profile of buspirone. *Am J Med* 1986;80(3B): 17-21. 2. Lucki I, et al: Differential effects of the anxiolytic drugs diazepam and buspirone, on memory function. *Br J Clin Pharmacol* 1987; 23: 207-211. 3. Lader M: Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med* 1987;82(5A): 20-26

Contraindications: Hypersensitivity to buspirone hydrochloride.
Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: General—Interference with cognitive and motor performance: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding, and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers—Administration to nursing women should be avoided if clinically possible.

Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): Commonly Observed—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: **Cardiovascular:** Tachycardia/palpitations 1%, **CNS:** Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%, **EENT:** Blurred vision 2%, **Gastrointestinal:** Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%, **Musculoskeletal:** Musculoskeletal aches/pains 1%, **Neurological:** Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%, **Skin:** Skin rash 1%, **Miscellaneous:** Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. **Cardiovascular—**Frequent: non-specific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. **Central Nervous System—**Frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. **EENT—**Frequent: linitis, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. **Endocrine—**rare: galactorrhea, thyroid abnormality. **Gastrointestinal—**infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. **Genitourinary—**infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. **Musculoskeletal—**infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. **Neurological—**infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. **Respiratory—**infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. **Sexual Function—**infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. **Skin—**infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. **Clinical Laboratory—**infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. **Miscellaneous—**infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hic-coughs.

Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: Controlled Substance Class—Not a controlled substance.

Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: Signs and Symptoms—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.

U.S. Patent Nos. 3,717,634 and 4,182,763

Mead Johnson
PHARMACEUTICALS

A Bristol-Myers Company
Evansville, Indiana 47721

ISMS experts review new drug products for the state

by Anna Brown

AS THOUSANDS OF new drug products are approved by the U.S. Food and Drug Administration every year, the Illinois Department of Public Aid strives to reimburse pharmacies for the most effective products available. But with such a deluge of products, not every new drug can be eligible for coverage. For this reason IDPA contracts with the Illinois State Medical Society Committee on Drugs and Therapeutics to review new pharmaceutical products for IDPA's contin-

uously updated drug manual. Products on this list are automatically covered by public aid, and the committee's medical review ensures product quality.

The committee, which consists of seven ISMS physician members, meets quarterly to review products proposed for IDPA coverage by manufacturers. The purpose is to review brand-name drug products prescribed from physicians' offices solely on therapeutic value. Committee recommendations must be ratified by the ISMS Board of Trustees, and IDPA has the right to reject committee decisions.

"When we review new products, we try to assess how much of a need there is, and we try to avoid duplication of medications already in the IDPA manual," says Joseph B. Perez, M.D., committee chairman. "We usually review between four and 10 products at each meeting, and the manufacturers are always allowed the opportunity to appeal the committee's decisions."

Under the federal Omnibus Budget Reconciliation Act of 1990, pharmaceutical manufacturers who entered into a rebate agreement with IDPA by April 1, 1991, may have their new products automatically listed in the manual for six months. Companies that do not agree to rebates are not eligible for IDPA reimbursement. During this six-month period, companies are advised to submit their products to the Drugs and Therapeutics Committee for review to ensure continued coverage. The committee recommends either continued automatic reimbursement for the product or "prior authorization," requiring the prescribing physician to contact IDPA for reimbursement approval. If the manufacturer has agreed to the rebate program and does not submit a new product for review, the product will be deleted from the manual and will require prior authorization.

"I like the new system we have worked out in OBRA-90," says Thomas Norton, senior director of public policy/governmental relations for G.D. Searle and Co. "This change is a model for the rest of the country. The checks and balances it affords are very beneficial."

Before this year, new products approved by the FDA were not covered by public aid until the manufacturers submitted the products for review by the Drugs and Therapeutics Committee. At that point the committee would either recommend coverage or prior authorization.

Right to appeal

Under the current system, if a manufacturer disagrees with the committee recommendation, the chairman may grant an appeal. Pharmaceutical representatives are allowed to appear at the next meeting to provide new or missing information.

"Searle has worked closely with the committee for several years," says Norton. "The main point is that everyone understands what our new products are, what properties they possess and how they differ from other products."

"Although we have not appealed a committee decision recently, we like the system of having a chance to appeal," he adds.

Both the committee and manufacturers cited their mutual understanding of their respective roles. "Aside from the information provided to us by the drug companies, there is very little contact between the committee and the manufacturers," says Dr. Perez. "They are very ethical and don't try to influence us in any way."

"I think it is appropriate that the committee reviews these products from a therapeutic point of view," says Norton. "We sometimes are concerned that [the state] puts cost be-

fore therapeutic value, but the committee is very fair in reviewing new products. They have their concerns about cost, but primarily they are the overseers of therapeutic value."

From FDA to IDPA

When pharmaceutical manufacturers petition IDPA with new products, they submit literature about the product, such as peer-reviewed research material, comparisons to other products, and safety and efficacy information, says Ron Gottrich, manager of drug programs for the Illinois Department of Public Health and consulting pharmacist to IDPA. These materials are provided to every member of the Drugs and Therapeutics Committee and the IDPA Pharmacology Panel.

The Pharmacology Panel reviews the literature and conducts independent research of products, looking for contradictory or confirming information. The panel then forwards its comments to the Drugs and Therapeutics Committee.

"We present the product, state our comments, go through the rationale and respond to the committee members' questions," says Gottrich, who attends the committee meetings as an IDPA liaison. "Often the debate is routine, but sometimes we have some very lively exchanges."

"Aside from the information provided to us by the drug companies, there is very little contact between the committee and the manufacturers. They are very ethical and don't try to influence us in any way."

— Joseph B. Perez, M.D.

"For four or five years the committee has been stable in composition," Gottrich continues. "They are used to working with each other and referring to each other with questions regarding specific specialties. It often comes down to a satisfying professional discussion."

"Committee members represent various specialties, giving us good input on the different types of drugs we review," says Dr. Perez. "Since IDPA representatives attend the meetings in an advisory capacity, there is very good rapport between us. IDPA is very interested in serving its patients."

Vincent A. Costanzo Jr., M.D., a long-time committee member and former chairman, is also a pharmacist and brings a unique perspective to the review process. "I try to ask questions regarding the kinetics of drugs," he says. "We each play a very important role by bringing our different views to the committee."

"Illinois is very liberal in that few products are not covered," says Got-

YOCON[®] YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

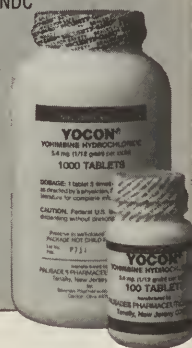
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenaflly, New Jersey 07670
(201) 569-8502
1-800-237-9083

trich. "Other states have stricter systems, but we want to give physicians every opportunity to choose the best drug for a patient's condition.

"Economic realities being what they are, the state tries to maintain the best of all outcomes," he continues. "We try to maximize widespread availability of products so that taxpayers get the best use of state funds, physicians have a better selection of products from which to choose, and public aid recipients have the best access to safe and effective drugs."

Generic products are not reviewed by the committee, although if a physician prescribes a brand-name product for which a generic equivalent is available, pharmacies will be reimbursed at the lower generic rate. The state is not required to reimburse for several categories of prod-

ucts, including weight loss and weight gain products, smoking cessation aids, cosmetics, fertility drugs, cough and cold remedies, DESI drugs, vitamins and minerals, over-the-counter products, some benzodiazepines, and barbiturates. The committee occasionally reviews IDPA policies on these products to decide if coverage should be expanded.

Dr. Perez stresses that the committee serves an important function in insuring prescribing physicians an appropriate selection of drug products for patients on public aid.

"It can be upsetting when we approve a medication [for automatic reimbursement by IDPA] and it is rejected in Springfield because of cost," says Dr. Perez. "Fortunately there is always prior authorization as a safety valve." ▲



Joseph B. Perez, M.D., is chairman of the ISMS Drugs and Therapeutics Committee, which reviews new drug products for IDPA. The committee consists of seven ISMS physician members of different specialties who meet four times a year.

For excellent response in the treatment of duodenal ulcers...

AXID[®] nizatidine

has the right answers

■ Rapid epigastric pain relief^{1,2*}

■ Fast and effective ulcer healing^{2,3,4}



AXID
PASSES THE ACID TEST

*Most patients experience pain relief with the first dose.

See adjacent page for references and brief summary of prescribing information.

NZ-2943-B-149347

© 1991, ELI LILLY AND COMPANY

AXID[®] (nizatidine capsules)

Brief Summary. Consult the package insert for complete prescribing information. Indications and Usage: 1. *Active duodenal ulcer*—for up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix[®] may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chloridazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, prenatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of androgenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported.

Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

PV 2091 AMP
[091190]

References

1. Data on file, Lilly Research Laboratories.
2. Scand J Gastroenterol. 1987;22(suppl 136):61-70.
3. Scand J Gastroenterol. 1987;22(suppl 136):47-55.
4. Am J Gastroenterol. 1989;84:769-774.

NZ-2943-B-149347

Additional information available to the profession on request.



Eli Lilly and Company
Indianapolis, Indiana
46285

Illinois firms feel impact of increased FDA enforcement

by Rick Asa

THE APPOINTMENT OF David Kessler, M.D., as commissioner of the U.S. Food and Drug Administration six months ago signaled a return to an activist agency bent on enforcing both the letter and the spirit of FDA regulations.

In July the commissioner supported, then retreated from, a bill that would broaden his agency's enforcement powers. Despite this, there is little indication that Dr. Kessler is backing off from his vow to monitor aggressively the drug industry.

Chicago could feel the impact of this scrutiny more than many cities, with Baxter Healthcare Corp., Boots Pharmaceuticals Inc., Abbott Laboratories, G.D. Searle Co. and newcomer Fujisawa Pharmaceutical Co., a division of Fujisawa U.S.A., dotting the suburbs.

Abbott declined requests for an interview, while a Searle spokesman said comment is "premature" because "nothing is set in stone and there is not one, unified voice as far as we know."

But other Chicago-area drug and device manufacturers say they are taking a rejuvenated FDA in stride, even though they acknowledge the added pressure has required more corporate vigilance.

The main pressure on drug firms, said Brian Tambi, president and chief operating officer of Fujisawa Pharmaceutical Co., stems from a scandal two years ago involving several generic drug manufacturers who falsified safety and efficacy records to get their products on the market.

"Enforcement has been rather vigorous, and it's made a major difference, particularly in the generic manufacturers' area," Tambi said. "The message has gotten pretty clearly to everyone that we have to do better than we have done in the past." Tambi added he thinks that

may be good. "If it is for the benefit of everyone, that is favorable enforcement."

On Aug. 15, the American Medical Association withdrew plans to publish drug industry-sponsored publications, conceding that criticism by consumer groups had gotten Dr. Kessler's attention. It cited the potential negative effect such publications would have on its scholarly, scientific journals. (See story, page 12.)

Dr. Kessler has also said he favors civil penalties against physicians who participate in drug companies' promotions of off-label uses of drugs.

M. Roy Schwarz, M.D., AMA senior vice president of medical education and science, agrees that physicians who are paid by drug companies to engage in promotional activities for unproven off-label uses should be disciplined. But Dr. Schwarz makes a distinction between that sort of blatant "promotion" and what he calls the "free flow of scientific information" concerning the demonstrated efficacy of an off-label use.

Noting that up to 60 percent of "legitimate" drug prescribing is off-label, Dr. Schwarz says that, "These are uses that physicians have discovered over time using the drug, but which have been reaffirmed by experience so that there is no question regarding the legitimacy of the use."

But according to one Chicago-area pharmaceutical executive, Dr. Kessler seems less interested in pursuing individual doctors for off-label uses than in preventing companies from promoting, in the guise of education, unapproved indications for products they have on the market.

Dr. Schwarz agrees, say-

ing he has heard Dr. Kessler say the same thing. But he says he is still concerned about the possibility that physicians could be targeted for prescribing off-label. "I've been in public policy long enough to know that you [can] start with something that appears to be reasonable, but before you know it, you're into something that's grossly inappropriate."

Still other industry observers in Chicago believe Dr. Kessler's eye has largely been focused elsewhere, particularly on companies that market oncolytic drugs.

Similar attitude toward devices

In the medical devices arena, the big picture on enforcement appears much the same.

"He's done a number of things," according to Baxter spokesman Jeffrey Fenton. "We've seen an increase in [routine] inspections, if not seizures."

"We need to be vigilant, but the biggest change is being more flexible to change," Fenton said. He added that a Baxter "quality leadership" program, known as "Big Q" in Baxter corporate parlance, has "built in" the kind of flexibility necessary in a rapidly shifting regulatory climate.

"The basic theme is doing it right the first time. Years ago, you made the product, checked to see if it met requirements and if it didn't, you tossed it into a box. Now we're changing things far upstream. If the FDA suddenly changes the allowable pinhole rate on surgical gloves, for instance, we're going to be able to make changes quickly."

A Washington, D.C.-based consumer advocacy group, however, believes there are still many medical products on the market that should be removed. An example cited is the use of temporomandibular joint (TMJ) implants, said Gerald Kuester, medical devices researcher for the

Public Citizen Health Research Group.

Kuester said the device's manufacturer has since taken the implant off the market as the result of a suit, but that the company was unwilling to recall the product on its own. The FDA has since issued public warnings about the implant, Kuester said.

One clear signal to the industry thus far has been a decentralization of authority. Regional districts can now make decisions and write regulatory letters without first getting clearance from Washington.

"Companies know there are some tough people in those [regional] offices who will go after them," Kuester said.

Another signal, he said, was the seizure this summer of a breast implant that was marketed without 510K clearance, meaning the manufacturer had not notified the FDA it was planning to market the product nor had it received clearance. The manufacturer has since submitted data to the FDA for pre-market approval, but that request could be denied for lack of adequate clinical studies, Kuester believes.

"It's an area that's been poorly regulated and as a result manufacturers have not been concerned with FDA enforcement. I think things are going to change now for most manufacturers," Kuester said.

Little impact on business

Chicago-area firms are insistent, though, that the FDA's get-tough policy has not slowed their ability to promote their products.

"Although we understand [Dr. Kessler's] stance from our perspective, we're not engaging in, nor have we or would we engage in, questionable practices he has a problem with," said Sophia Maas, director of corporate communications for Boots Pharmaceuticals. "We feel in no way has it impacted on our ability to do business."

"We shouldn't underestimate the conservative nature of the pharmaceutical community vis-a-vis regulation. There is too much to lose and not very much to gain," Maas said.

(continued on page 12)



Pharmaceutical advertising to consumers sparks debate

by Stacie Crozier

OPEN ANY MAJOR consumer publication today and you'll probably find advertisements for prescription medications like a hay fever drug or an estrogen patch. Positioned as patient education, these ads tell consumers how to improve their quality of life by asking their physicians for these brand-name-specific medications.

To conform to U.S. Food and Drug Administration regulations, such ads also run a lengthy summary of prescribing information, written for use by medical professionals, usually in very small type on another page.

Does this practice truly educate consumers? Does it open dialogue between physicians and patients or break down the physician-patient relationship? Does it mean that the FDA's regulations regarding advertising, developed 30 years ago, merit review? These are questions that arise as more and more pharmaceutical companies market their treatments for baldness, wrinkles, arthritis and hay fever directly to patients.

"In 1962, when the current FDA regulations were passed, no one thought this would happen," says Mike Shaffer, a spokesman for the agency. "It's a controversial practice. Some companies do it, others don't feel it is suitable."

Shaffer says that under the current regulations, FDA is "somewhat neutral about advertising to consumers. We just say to companies, 'If you want to do it, do it properly.'"

Though companies are not required to submit ad copy to the FDA before publication, Shaffer says some companies do so to make sure they're conforming to regulations. If an ad violates regulations, he adds, the FDA will send the company a letter explaining the violation and giving the company a specified period of time to respond and correct the problem.

"I'd estimate the FDA sends one to five letters a month," Shaffer says. "Maybe twice a year it requires a company to send a mailing to physicians that explains what was said wrong and what the real story is. We also have companies run corrective advertising a couple of times a year."

Illinois physicians unconcerned about direct marketing to patients

ALTHOUGH THE POLICY of the American Medical Association on direct marketing to consumers is "one of concern," several Illinois physicians contacted by *Illinois Medicine* about the practice were not terribly upset by the trend.

"I honestly have mixed emotions," said M. LeRoy Sprang, M.D., an obstetrician/gynecologist from Evanston. "In general, you would hope that patients would feel comfortable enough that they would just approach the doctor and get their questions appropriately addressed."

In principle, Dr. Sprang does not oppose enhanced patient education. "If it's just for education's sake, obviously it's worthwhile. But if [drug manufacturers] are emphasizing just the marketing, it may create some misconceptions where people may

You've tried just about everything for your hay fever...



now try your doctor.

Your doctor has an advanced prescription medicine called Seldane that can relieve your allergy symptoms without drowsiness.

Antihistamines: No antihistamine sold over-the-counter can relieve your allergy symptoms...sneezing, runny nose, and itchy, watery eyes...without the risk of drowsiness.*

Decongestants: Any decongestant that claims it won't make you drowsy cannot relieve allergy symptoms other than nasal congestion.

Seldane—ask your doctor if it's right for you: Seldane is different. That's why it can quickly and effectively relieve your seasonal allergy symptoms without the drowsiness you may experience with older antihistamines! No wonder Seldane has become the most prescribed allergy medicine in the world! As with all prescription medicines, only your doctor can determine what is best for you.

If the OTC allergy products you've tried have disappointed you, consider Seldane.

Only by prescription.

SELDANE®

(terfenadine) 60 mg tablets

Get our free booklet, "The facts about what allergy medicines do...and don't do." **Call 1-800-4-HAY FEVER.**

*Definition of "risk of drowsiness" is incidence greater than placebo (a sugar pill).
*The reported incidence of drowsiness with Seldane (5.8%) in clinical studies involving more than 11,000 patients did not differ significantly from that reported in patients receiving placebo (6.9%).
*Based upon worldwide prescription and distribution information (1986-1990)—data on file, Marion Merrell Dow Inc.
SEE BRIEF SUMMARY OF PRESCRIBING INFORMATION ON NEXT PAGE.

Seldane was one of the earliest pharmaceutical products promoted to the lay public. Medicus Consumer/DMB&B developed and produced this ad for Marion Merrell Dow.

Shaffer says most companies don't knowingly violate FDA regulations "because it makes them look bad when they have to run a corrective ad or send a letter to physicians."

But there are a few aggressive firms, he adds, that risk agency scrutiny, mostly because of the fierce competition for physicians' and consumers' business.

FDA Commissioner David Kessler, M.D., recently backed down from a call to tighten agency enforcement powers, Shaffer notes. He also says

the FDA intends by year's end to "explain" more distinctly the regulations and the agency's concerns about direct consumer advertising, video news releases, speeches, press releases and product labeling. The agency issued a paper July 18 on drug advertising and promotion outlining current concerns.

"Though we know the medical community is divided on this issue, FDA is focusing on these issues to make firms aware of ethical, acceptable ways of promoting a product,"

think they fit into a given drug regime. If they don't, it may [be] a little more difficult to try to explain why they are not good candidates for that drug."

Using Pap smears as an example, Dr. Sprang cites a time when patient awareness of alternatives, even though it involved a test and not a drug, worked to everybody's benefit. "The American Cancer Society started telling patients, 'Ask your doctor about this.' That actually had a positive effect, urging more physicians to do [the test]."

C. Anderson Hedberg, M.D., a Chicago internist who is president of the medical staff at Rush-Presbyterian-St. Luke's Medical Center, said he does not receive many queries about drugs as a result of advertising.

"Patients seem to ask me more

about drugs they've read about in the *New York Times*, or *Time* magazine or the *Chicago Tribune* as a news story, rather than about the ones that are advertised. I really can't say that I think any patient has come to me and said, 'I saw this advertisement for this drug and therefore I want to know what you think about it.'"

But Dr. Hedberg also said that he has no problem with patients asking about an advertised drug. "If a patient sees that sort of thing and asks me about it, I don't let it bother me at all."

Another Chicago internist, Mary E. Fry, M.D., said patients often ask her about drugs they have seen advertised, especially arthritis medications, "although it's hard to remember if it's drugs that have been advertised or whether it's a case of, 'Oh,

Shaffer says.

Continuing its long-standing opposition to direct consumer advertising, the American Medical Association House of Delegates in June adopted a resolution reaffirming its "opposition to product-specific advertising of prescription drugs directly to the public."

"AMA's position on direct marketing to consumers is one of concern," says AMA Trustee P. John Seward, M.D., of Rockford. "There can be a lack of understanding and false expectations by patients in these cases."

Dr. Seward, a family physician, says he has been approached by "a number of patients asking for a drug they've seen advertised. But the drug hasn't been appropriate for them." Episodes like these, he adds, can be an intrusion on the physician-patient relationship.

Important development

But pharmaceutical firms say it is a good and important development in consumer education, not just a new way to market drugs. The "pioneer" of direct consumer advertising, Marion Merrell Dow Inc., began running ads about three years ago, says Larry Wheeler, vice president of communications. Before the Marion-Merrell Dow merger, Merrell Dow marketed its prescription allergy medication Seldane and smoking cessation aid Nicorette gum to the public.

"As a nation, we don't generally go to a physician unless we know there is something really wrong," says Wheeler. "Someone who suffers hay fever symptoms probably knows he has hay fever and doesn't seek treatment from a doctor. Someone who wants to quit smoking may not ask for medical advice. But these patients know they want to do something to improve their health and quality of life."

The allergy sufferer, Wheeler adds, may be taking an over-the-counter medication that makes him drowsy and may be unaware of prescription medications that exist.

"Unless people have a way to learn about what is available to help them, they may go on experiencing problems that can be avoided," he adds.

(continued on page 12)

my friend says this or that,' or they saw it in the paper, or whatever."

Dr. Fry also said it is sometimes "the other way around," when her patients will say they do not want certain drugs they have heard about. But, again, positive advertising does not appear to intrude on the physician-patient relationship for Dr. Fry.

"I think most people are pretty skeptical and know that you can't believe everything you read," she said. "And so people will come to me for advice and if I tell them that I don't think the drug really fits their situation, then it's OK. In general, I think the more information the better." ▲

— Kevin O'Brien

AMA cancels controversial publishing plan

by Anna Brown



THE AMERICAN Medical Association recently canceled one part of a controversial plan to publish medical reports financed by pharmaceutical companies, due in part to pressure from consumer groups. After meeting with the U.S. Food and Drug Administration commissioner Aug. 14, AMA Executive Vice President James S. Todd, M.D., announced that the second part of a two-part publishing program had been killed.

The portion of the project still under consideration is to publish collections of reprinted articles on various subjects. These collections would be underwritten by pharmaceutical companies and distributed free by mail to practicing specialists.

"The original concept of the project was in two parts," said Larry E. Joyce, AMA senior vice president for communications and publishing. The first part, reprinting previously published articles from the *Journal of the American Medical Association* and the nine specialty jour-

nals, constituted 80 percent of the project. The remaining 20 percent included non-published materials such as AMA council reports, symposia and articles that had been rejected by *JAMA* or the specialty journals, he said.

Public concern developed when plans to include previously unpublished articles were prematurely leaked, Joyce said. Consumer groups "blew the issue out of proportion by latching on to its least significant part," he said.

"It became a case of the tip of the tail wagging the dog, so we just decided to cut the whole tail off and cancel that part of the program," Joyce said. "Everyone agreed that there was no problem with using the published articles, even Sidney Wolfe [M.D.]." Dr. Wolfe is the executive director of the Public Citizen Health Research Group, which has criticized the AMA in the past for these and other activities.

"We realized you can't mix the published materials with the unpublished," said Joyce. "We may do

something with it in the future, but we won't mix the two."

Drug sponsorship not new

According to Joyce, the AMA has reprinted *JAMA* and specialty journal articles in the past with drug firm sponsorship. He cited an Upjohn-financed three-volume hard-bound set of reprints from the *Archives of Dermatology*. The set, which included articles covering 58 cases of skin tumors, was provided free to 7,000 dermatologists.

No advertising appears within the dermatology publication, and the only mention of the company name appears on the cover, which states that the publication "was made possible by an educational grant from Upjohn," Joyce said.

"We consider these publications to be professional education tools," Joyce said, estimating it would cost drug firms between \$25,000 and \$150,000 to sponsor a publication.

"The publications will be independent of the sponsor, and the name of the company will only appear once on the cover," Joyce said. "No advertising will appear within the publications. Every aspect of the

project, including article selection and editing, will be strictly under the control of the AMA."

FDA guidelines

While FDA Commissioner David Kessler, M.D., expressed some qualms about public perception of the second part of the project, he did not bar the AMA from proceeding with publication plans, Joyce noted.

He said Dr. Kessler issued three principles for continuing the project: independence, balance and rigorous scientific review. Dr. Kessler stressed that article selection and editing must be done under the authority of the AMA, not the sponsors, and that one company's products must not be excluded in favor of another in any article.

"Previously published articles will be put through peer review again to ensure relevance and timeliness," Joyce said.

He added the AMA is still in the process of reviewing editorial standards for the entire project, which will be brought to the Board of Trustees for consideration at its October meeting. ▲

Pharmaceutical advertising

(continued from page 11)

The company believes, Wheeler says, that in circumstances where need for a treatment is defined more by the patient than the physician, it is "entirely appropriate to go directly to the consumer and advise them to see a doctor." But for patients with more serious conditions, it would be totally inappropriate to tamper with the role of the physician in diagnosis and treatment, he adds.

Marion Merrell Dow did its homework before advertising to consumers, Wheeler says. Before placing any ads, the company undertook extensive research and dialogue with the medical community. It also asked the FDA to read and sign off on all its ads.

"We tried to design a program that was not offensive to physicians but still got the message out to consumers," he says. "Of course, some physicians hate it, because they feel it breaks down the physician-patient relationship. But our company doesn't support that argument. We feel we're helping open dialogue in areas where it may not have existed."

Readers also may have noticed ads that depict a Wizard of Oz-like tin man and an eight-question quiz that helps identify arthritis symptoms. Although the Arthritis Foundation and Pfizer Laboratories sponsor the "Act on Arthritis" program, no mention of Pfizer's arthritis drug Feldene is made in the ads.

"This is basically a consumer awareness campaign," says Pfizer spokesman Rick Honey. "The education campaign consists of a toll-free number consumers can call for an information packet about arthritis."

The packet contains a "Basic Facts" brochure answering questions about the disease, its diagnosis and possible treatments; a list of services offered by the foundation, both nationally and locally; and information on where to attend a local foundation meeting or obtain more informational brochures. Because foundation policy prohibits endorsement of brand-name drugs, Feldene is not mentioned in any of the program's materials, Honey explains.

"The important part is the local program, where either a representative of the foundation or Pfizer presents information that helps people

evaluate whether or not they may have arthritis," says Honey. "Consumers are given lots of information and encouraged to see a physician about their condition."

Honey calls the program a team effort that includes the patient and the physician. "We think the program is really valuable to people because it brings a level of awareness to them they may not have had before. Making people aware of the disease earlier enhances their chance for successful treatment."

Follow directions

Many patients taking prescription medications, particularly for diseases exhibiting "silent symptoms," don't always take their doses regularly, report both physicians and pharmaceutical companies. That's why ICI Pharma developed "Wellspring," promoted to patients taking its blood pressure medication Tenormin as "a program to help you live a healthier life."

"We're very proud of the Well-spring program," says John Sibley, a professional relations representative for ICI Pharma. "It's an innovative approach in patient education [to

which] we'll conceivably add other products in the future."

Nearly 100,000 patients have signed up for Well-spring so far, Sibley says. The free direct-mail program offers subscribers a health-oriented newsletter, product samples and money-off coupons for products like decaffeinated coffee, frozen tofu dessert, health-oriented cookbooks and film. Well-spring now is marketed to physicians, pharmacists and patients taking Tenormin, but anyone can sign up for the program. Focusing on patient compliance with medication directions is a new kind of patient education, Sibley says.

"This is the first time a pharmaceutical company has taken on an educational campaign for compliance. It's a new direction for the industry to increase education efforts and I predict we'll see a lot more of it in the future."

Sibley says that ICI Pharma had planned to run an ad campaign in many major consumer magazines, but canceled the campaign at the last minute. "The decision was made at the highest levels of the company to redirect the campaign to pharmacies and physicians," he says. ▲

FDA enforcement

(continued from page 10)

"I can't think of a pharmaceutical company that does not take its responsibility very seriously. We do an enormous amount of [voluntary] quality inspection," added Maas.

Maas also said it would be a mistake to try to mislead the ultimate target market. "Physicians are very sophisticated consumers. They see these claims on TV when they come home at night and are probably better equipped to sort through claims" than most people, she said.

The Pharmaceutical Manufacturers Association has been outspoken

in its criticism of H.R. 2597, sponsored by Reps. Henry A. Waxman (D-Calif.) and John D. Dingell (D-Mich.). The bill would broaden FDA enforcement powers in areas including inspection authority and inspector access to company reports and records. It would also strengthen the FDA's seizure, recall, subpoena and embargo powers and add new civil penalties for violations.

Critics of the legislation claim the bill would result in "police powers" without counterbalancing safeguards. It would also draw attention from other FDA concerns such as research and development on new drugs and medical devices.

"The bill does not address the need for more scientists, modern computers, better management and improved facilities and working conditions at the FDA," said PMA President Gerald Mossinghoff in July testimony before the Energy and Commerce Health Subcommittee, which Waxman chairs. "In the narrower area of regulatory enforcement the bill does not provide for more investigators or better training and management of existing investigators. It simply offers a whole new set of enforcement tools for the FDA to use in unspecified ways."

In April, a federal advisory committee appointed to study the FDA

found the agency's laboratories and equipment in poor condition. The agency no longer has the scientific ability to evaluate new drugs or keep up with "revolutionary advances" in biological and medical sciences, the committee said.

Still, Fujisawa's Tambi said he sees a silver lining, despite his concern that a potentially "evangelistic and overzealous" FDA might hamper the research and development of new drugs and medical devices.

"Personally, I feel more comfortable with an activist commissioner who makes his ideas and feelings known," Tambi said. "You know where you stand." ▲

ISMS Auxiliary seeks to expand seniors program

by Rachel Brown

IN AN EFFORT to expand the Illinois State Medical Society's "Partners for Health" program, the ISMS Auxiliary is encouraging local county medical societies and auxiliaries to participate in a new senior outreach program.

The Auxiliary's campaign will promote "Partners for Health Senior Seminars," half- or full-day health fairs giving physicians and seniors an opportunity to interact. Physician presentations on topics such as Medicare, Alzheimer's disease and

heart disease will let seniors learn more about key health topics.

"This program is our way of saying to the seniors, 'We really care about preventive medicine, we care about taking care of you and we want to have our lines of communication open,'" said Nancy Hoffmann, Auxiliary program chairman.

The ISMS "Partners for Health" program began last year in an attempt to strengthen the relationship between physicians and their senior patients. The 2,400-member ISMS Auxiliary decided to assist the Society with its program after Gayle Dustman, Auxiliary president, attended joint meetings with individual county medical societies and their auxiliaries. Although the county societies liked the idea of the senior program, physicians with busy schedules felt it was more time-effective to speak to large groups, Dustman said.

Consequently, the Auxiliary suggested that counties plan all-day health fairs that would benefit larger numbers of seniors while encouraging greater physician participation. Letters were sent to 26 Illinois county medical societies and auxiliaries soliciting their involvement.

ISMS will supply interested counties with promotional materials, Hoffmann said. These include health fair posters, sample letters to the editor and press releases for distribution to local media.

ISMS also will supply handout materials, including the new Society advance directives brochure, "A Personal Decision," and "Healthy Partnership" packets. These packets, developed for the "Partners for Health" program, contain information about Medicare and community agencies on aging. In addition, counties will receive a listing of physicians who are interested in participating in the "Partners for Health" program and who have been trained to speak on a variety of health issues pertinent to seniors.



M. Candee Studios

Tim "Rock" Raines and other Chicago White Sox players joined children participating in Chicago's Children's Memorial Medical Center summer carnival Aug. 29 to celebrate the dedication of the center's Bone Marrow Transplantation Unit. Funding from the Chicago Baseball Charities and the Chicago White Sox Charities helped make the new six-bed unit possible. After a plaque-unveiling ceremony at the unit, which is located in the Center for Cancer and Blood Diseases, Children's patients and visitors played whiffle ball and swapped baseball tips with the players. Patients began the carnival by presenting the players - including Alex Fernandez, Mike Huff and Robin Ventura - a handmade card, and then participated in a balloon launch. Fifty patients and their families topped off the celebration by attending the White Sox game that evening, in which Chicago hosted the Cleveland Indians. ▲

The purpose of these senior health seminars is twofold, according to Hoffmann. First, the Auxiliary hopes to enhance the relationships between physicians and the ever-growing senior citizen population in Illinois. Second, the Auxiliary hopes promoting these seminars will encourage county medical societies and their auxiliaries to expand their working relationships by planning more programs together.

Dustman stressed that programs such as "Partners for Health" foster

good relations and are successful "rapport-builders" between physicians and seniors in their communities. But ultimately it is up to each county and auxiliary to decide to participate in the program.

"The program the Society put together is excellent," Hoffmann concluded. "Often the medical societies do not realize what an effective community and public relations tool their auxiliaries can be for them." ▲

THE GRADUATE SCHOOL OF MEDICINE ACCME Accredited

September 1991 — February 1992

- ☐ Specialty Review in Dermatology
September 16 - 20, 1991
- ☐ Specialty Review
in General Surgery, Part II
September 16 - 23, 1991
- ☐ Specialty Review
in Cardiovascular Disease
September 23 - 27, 1991
- ☐ Specialty Review in Medical Oncology
September 30 - October 4, 1991
- ☐ Specialty Review in Gastroenterology
September 30 - October 4, 1991
- ☐ Specialty Review in Critical Care
Internal Medicine
September 30 - October 4, 1991
- ☐ Advances in
Anatomic and Clinical Pathology
October 14 - 20, 1991
- ☐ Specialty Review in Pediatrics
October 20 - 26, 1991
- ☐ Specialty Review
in Obstetrics and Gynecology:
Practical Aspects
October 27 - November 2, 1991
- ☐ Flexible Fiberoptic Sigmoidoscopy
November 2, 1991
- ☐ Fiberoptic Esophagogastroduodenoscopy
November 4 - 6, 1991
- ☐ Sports Medicine
November 6 - 8, 1991
- ☐ Advances in Internal Medicine
November 11 - 14, 1991
- ☐ Current Clinical Neurology
November 11 - 15, 1991
- ☐ Clinical Decision-Making
November 15 - 16, 1991
- ☐ Specialty Review in Thoracic Surgery
January 6 - 11, 1992
- ☐ Review Course in Neurological Surgery
February 7 - 16, 1992
- ☐ The Biologic Basis
of Neurology and Psychiatry
February 17 - 21, 1992
- ☐ Specialty Review
in General Surgery, Part II
February 17 - 24, 1992
- ☐ A Review of Clinical Psychiatry
February 24 - 28, 1992

For complete information,
call toll-free

1-800-621-4651

or write to us at
**707 South Wood Street
Chicago, Illinois 60612**

Worryproof Your Retirement

Will you be able to pay for your retirement?

Living expenses, insurance, taxes... The cost of living increases every year. On a fixed income, you have to consider the effects of inflation, and the possibility of a long life after retirement.

Let AMA Investment Advisers help you plan to maintain your lifestyle throughout retirement. Attend our one-day financial planning workshop on:

Investment and Retirement Planning

Learn how to make the right choices when confronted with inflation, investment alternatives, rising health care costs and estate planning issues. Find out about retirement fund distribution options, their tax consequences and which option is right for you.

For free agenda information or to register, call **1-800-262-3863**. Seating is limited, so call today!

The fee is \$175 for AMA Members (\$195 for Non-Members). The fee includes lunch, workbook, individual retirement analysis and personal planning consultation. Spouses are encouraged to attend at no extra cost.

Upcoming Seminars:

October 9
Chicago, IL

October 16
Northbrook, IL

October 23
Lansing, IL



AMA Investment Advisers, Inc.

The Financial Services and
Investment Counseling
Organization Owned by the
American Medical
Association.

Illinois borrows money to pay outstanding MD bills

by Tamara Strom



GOV. JIM EDGAR in August said Illinois will borrow \$185 million to pay outstanding 1991 Medicaid provider bills. This announcement came just weeks after Edgar signed a state budget rife with spending cuts aimed at avoiding balancing the budget on borrowed funds.

Edgar defended the action, calling it "short-term borrowing for cash-flow purposes, a course of action I suggested many times we might have to consider this fiscal year."

Citing a traditional cash-flow crunch in August and September

when expenditures "greatly" outstrip revenues, Edgar said the state must borrow the money to continue paying the old bills and make the \$175 million state aid payment to local school districts by Aug. 31. The governor promised the borrowed funds would be repaid – at the lowest interest rate possible – by June 15 of next year.

He called the borrowing a "responsible, fiscally prudent" way to pay the outstanding bills and a way to "significantly reduce the delay in paying those providing health care to the poor." Even with the budget cuts included in the fiscal 1992 budget, August and September are "especially tough" for cash flow, Edgar said.

"We cannot ask health care providers to wait any longer for payment of \$370 million in long-overdue bills," the governor said. However, he remains "opposed to multi-year borrowing as a substitute for budget cuts. This is not multiyear borrowing, and we have made the budget cuts needed to balance the budget."

For physicians, the borrowing means quicker payment for 1991 Medicaid services. Currently, the Illinois Department of Public Aid is approving for payment \$25 million to \$30 million a day in provider bills, said department spokesman Dean Schott. In addition, IDPA has hired 20 temporary Medicaid claims pro-

cessors who are working seven days a week to retire the old bills as rapidly as possible.

Nevertheless, it will take the state "several months" to reduce the backlog from 1991, Schott said. "[Physicians] will get their bills paid," he said. "There is every intention of this administration to get these bills paid as quickly as they can."

But IDPA could give no guarantees about how long the payment cycle for the new 1992 bills will be. The vaunted 60-day payment cycle for Medicaid providers, often cited during budget negotiations this summer, is still just a fiscal year-end goal, IDPA said. ▲

Chicago health clinics receive federal designation

by Tamara Strom

THE CITY OF Chicago will receive an additional \$2 million in federal aid for public health programs because 14 city clinics have been designated Federally Qualified Health Centers by the U.S. Department of Health and Human Services.

"We had only a limited timeframe in which to apply and earn this designation, so we are understandably proud that we pulled things together to earn FQHC status for our clinics," said Sister Sheila Lyne, R.S.M., Chicago's health commissioner.

"The Chicago Department of Health is one of the first public health departments in the nation to earn this designation," she said. "With tax revenues being as limited as they are, this move reflects our commitment to getting the most of every tax dollar that comes in."

Increased Medicaid reimbursements

For its health centers to be federally designated, CDOH had to demonstrate that the nine neighborhood health centers and five maternal/child clinics meet federal standards for "technology and strong continuity of high-quality health care," department officials said. The additional funds will be given to the city through increased Medicaid reimbursement rates for services provided to the clinics' 35,000 public aid patients.

As required by the federal rules for designated centers, the clinics now are forming "facility health boards," to give community leaders and clinic patients a "more direct voice in clinic operations," the department said.

The federal program was established to encourage health care providers to remain in medically underserved areas using financial incentives, city officials said. The city's 14 federally designated clinics all operate in such underserved areas, according to CDOH. ▲



No. 2 in a Continuing Series of Commentaries from The Physicians' Benefits Trust

TAKING THE MYSTERY OUT OF LONG TERM DISABILITY COVERAGE



Dr. Roberts was late for rounds. He jumped into his car and sped off to the hospital. Unfortunately, he didn't fasten his seat belt...

Dr. Elliott was scrubbing up for surgery when the sharp chest pain hit her...

Or perhaps you are the one with a nagging pain you hope is not serious or who does not bother to buckle-up. Disability can happen to any of us. One moment you are fine, the next you are staring at the ceiling, wondering if you'll ever be able to work again.

Disability Coverage: Who Needs It?

Most of us routinely buy life insurance at an early age, but we should give equal attention to policies that provide disability income protection. Actuarial tables show that male disability rates are between three and 10 times the death rate between ages 27 and 62. For females, the evidence is even more compelling with disability rates between nine and 50 times the death rate between ages 27 and 62. These disability rates are for individuals who are disabled 30 or more days.

Protecting Your Finances While Disabled

An essential part of financial planning is making sure you have the resources necessary to maintain your standard of living if you become disabled.

Disability plans generally begin paying a benefit after a waiting period (usually 30 - 180 days). Benefits typically continue until you die, recover, or reach retirement age when pension and other retirement benefits takeover. In addition, you may

be eligible for Social Security disability benefits beginning after six months.

How Much Disability Income Do You Need?

Financial planners generally recommend protecting about two-thirds of your regular income with disability coverage. In theory, you do not need all of your income if you are not working because you do not have the expenses of working such as clothes, transportation, lunches out and the like. If you pay your own premiums, there is no tax on benefits.

How Do Disability Plans Work?

Consider the fictional Dr. Martin. When signing up for the PBT Long Term Disability Plan, Dr. Martin selected the 30-day waiting period option. This means if Dr. Martin recovers after 60 days, a one-month benefit will be paid.

If the disability is severe enough, Dr. Martin would continue to receive monthly benefits until recovery or age 65. Along the way, Dr. Martin may qualify for disability benefits from Social Security. Unlike other plans that subtract disability payments from Social Security, the PBT Long Term Disability benefit is in addition to the Social Security disability benefit.

What If You Don't Have Enough Disability Coverage?

Check your current coverage to see that it is sufficient to meet your needs. Remember that the two-thirds of pay recommendation is an estimate based on average conditions. Your personal situation may require higher coverage to pay for the education of your children, to act as a buffer against inflation, etc.

* indicates ISMS member

** indicates member of ISMS Fifty Year Club

**Albers

Elmer A. Albers, M.D., of Morris, died July 11, 1991 at the age of 84. Dr. Albers was a 1935 graduate of the University of Illinois College of Medicine, Chicago.

**Bowman

Harry R. Bowman, M.D., of Morris Plains, N.J. (formerly of Itasca), died August 2, 1991 at the age of 84. Dr. Bowman was a 1940 graduate of Chicago Medical School, Chicago.

**Brown

Meyer Brown, M.D., of Wilmette, died July 3, 1991 at the age of 80. Dr. Brown was a 1935 graduate of the Pritzker School of Medicine of the University of Chicago, Chicago.

*Bruehsel

Christian W. Bruehsel, M.D., of Warsaw, died July 20, 1991 at the age of 71. Dr. Bruehsel was a 1948 graduate of Medizinische Akademie im Dusseldorf, Dusseldorf, Nordrhein-Westfalen, Germany.

**Dean

Robert K. Dean, M.D., of Peoria, died June 30, 1991 at the age of 80.

Dr. Dean was a 1937 graduate of Northwestern University Medical School, Chicago.

*Fitzgerald

Robert E. Fitzgerald, M.D., of Glen Ellyn, died August 19, 1991 at the age of 60. Dr. Fitzgerald was a 1956 graduate of the Medical College of Wisconsin, Milwaukee.

**Hansen

Stephen J. Hansen, M.D., of Effingham, died July 22, 1991 at the age of 82. Dr. Hansen was a 1932 graduate of the University of Illinois College of Medicine, Chicago.

*Henderly

Dale E. Henderly, M.D., of Chicago, died July 16, 1991 at the age of 36. Dr. Henderly was a 1981 graduate of the University of Cincinnati College of Medicine, Cincinnati, Ohio.

**Hoban

Eugene T. Hoban, M.D., of Oak Park, died August 7, 1991 at the age of 75. Dr. Hoban was a 1941 graduate of Loyola University Stritch School of Medicine, Maywood.

*Illyes

Roscoe O. Illyes, M.D., of Lawrenceville, died June 9, 1991 at the age of 83. Dr. Illyes was a 1937 graduate of the St. Louis University School of Medicine, St. Louis, Missouri.

**Jeppson

Philip L. Jeppson, M.D., of Macomb, died July 13, 1991 at the age of 91. Dr. Jeppson was a 1929 graduate of Northwestern University Medical School, Chicago.

*Kleckner

Steven Kleckner, M.D., of St. Charles, died August 10, 1991 at the age of 38. Dr. Kleckner was a 1980 graduate of the University of Wisconsin Medical School, Madison.

*Kluk

George Kluk, M.D., of Midlothian, died August 5, 1991 at the age of 72. Dr. Kluk was a 1950 graduate of Medizinische Fakultät der Ludwig Maximilians Universität, München, Bayern, Germany.

**Olson

Elmer J. Olson, M.D., of Chicago, died July 18, 1991 at the age of 92. Dr. Olson was a 1927 graduate of Rush Medical College, Chicago.

**Peckler

David A. Peckler, M.D., of Glenview, died July 24, 1991 at the age of 74. Dr. Peckler was a 1941 graduate of the University of Illinois College of Medicine, Chicago.

*Sabatino

Frank J. Sabatino, M.D., of Oak Park, died August 12, 1991 at the age of 76. Dr. Sabatino was a 1943 graduate of Chicago Medical School, Chicago.

**Snow

Harold E. Snow, M.D., of Centralia, died August 7, 1991 at the age of 88. Dr. Snow was a 1932 graduate of Washington University School of Medicine, St. Louis, Missouri.

**Speer

Ralph E. Speer, M.D., of Hanover, died July 1, 1991 at the age of 86. Dr. Speer was a 1934 graduate of the University of Illinois College of Medicine, Chicago.

**Sprague

Gordon H. Sprague, M.D., of Paris, died August 22, 1991 at the age of 79. Dr. Sprague was a 1939 graduate of Queens University Faculty of Medicine, Kingston, Ontario, Canada.

What to Look For In An Individual LTD Plan

When you become disabled, you receive the full benefit you have paid for without regard to the benefits you receive from any other source.

Renewability. Look for coverage that cannot be cancelled unless you fail to pay the premium. With the PBT, your insurance stays in force as long as you make the low group rate payments. It is guaranteed to be renewed.

Cost of Living Increases. Inflation can destroy the value of your benefit in a few short years. With the PBT, inflationary increases in benefits are an elective feature you can purchase at a minimal price. It's one less worry while you are disabled. The PBT Long Term Disability Plan provides for increases due to inflation of up to five percent annually while disabled with no limit as to the number of years of coverage. Many plans do not offer this option or provide inflationary increases only during the first three to five years of a disability.

Recurrence. If the same disability recurs shortly after recovery, good plans do not require you to repeat the waiting period. The PBT begins making payments right away in the event of a recurrence.

Waiver of Premium. After you have been disabled for a period of time, you should not be required to continue making payments. The PBT Waiver of Premium provision provides this protection.

Sponsorship. Look for opportunities to purchase coverage from the professional societies that can guarantee the quality of the coverage you are purchasing. With The Chicago Medical Society and Illinois State Medical Society sponsorship of the PBT, we can assure you of the highest quality coverage at low cost group rates. The PBT Long Term Disability Plan is designed specifically for physicians based on member preference studies.

Choose The Right Protection For Your Needs. Fortunately, Dr. Roberts made his rounds on time and Dr. Elliott solved her chest pains by taking an antacid. But next time a problem could strike closer to home. Will you have the financial security you need if you become disabled? If not, contact the Physicians' Benefits Trust and ask about the Long Term Disability Plan sponsored by the Chicago Medical Society and the Illinois State Medical Society. After all, we're just what the doctors ordered.

Definition of Disability. Many plans define disability as the inability to perform any occupation for which you are qualified. This is not good enough for physicians.

Instead, look for a policy that pays for the inability to perform your medical specialty. The PBT Long Term Disability Plan meets this requirement and has this single test for the entire length of your disability.

Waiting Period. The longer you are willing to wait for benefits to begin, the lower the premiums. With the PBT Long Term Disability Plan, you can select the waiting period you want: 30, 60, 90 or 180 days.

Benefit Period. A variety of options are available. The PBT offers a benefit up to age 65 if disabled before age 60.

Partial Disability. Many plans provide no coverage for partial disability, yet you need to prepare for this event. The PBT Long Term Disability Plan pays for partial disability. An important feature of the PBT Long Term Disability Plan is that a participant who is partially disabled during the Waiting Period can use that time to qualify for Long Term Disability Benefits. In many plans, a participant must be fully disabled during the entire waiting period to qualify for benefits. Carefully review your plan to determine whether or not it has this important feature. Many people become partially disabled before they become fully disabled.

The Way Benefits Are Paid. Due to the nature of business receivables, physicians who are partners or sole proprietors in their practice typically have billable income earned while working but paid after a disability begins. Some disability plans deduct this previously earned income from the doctor's disability benefit. The PBT Long Term Disability Plan does not.

When you recover and return to work, the PBT Long Term Disability Plan continues to pay a partial benefit if your income is more than 25% reduced. (This gives you the opportunity to rebuild your receivable base over time to its pre-disability level.)

Offsets. Some disability plans deduct the payments you receive from Social Security or other disability plans from the benefit they pay you. The PBT Long Term Disability Plan does not do this.

Take the mystery out of your **Long Term Disability** protection with low cost group rates from your medical society. Call the PBT.

(800) 621-0748 • (312) 559-9130

PBT Physicians' Benefits Trust

sponsored by Chicago Medical Society & Illinois State Medical Society

they have now and receive a 6 percent increase on their capitation rates for 1992, area doctors are concerned about the long-term effects of the broken relationship.

"Physicians, understandably, are concerned about the cancellation of the Deere contract with the IPA," said Edward L. Ebert, D.O., a Moline internist who serves as president of the Western Illinois IPA. "There will be no interruption in care for our patients now because of the individual contracts with physicians. That's always our primary concern. A more pending concern is the impact on the IPA and the future of patient care in the Quad Cities."

"My major concern is what the long-term outlook will be. What happens next year when we want to renegotiate to meet our expenses? What leverage will we have to negotiate without the IPA?"

—James A. Bull, M.D.

Because the IPA provided administrative support for physicians, such as claims processing and utilization review, area doctors now face dealing with insurance company hassles on their own. Contracting physicians therefore will be more dependent on Heritage for "what our financials will look like," Dr. Ebert said, noting that the IPA currently performs that function for its member doctors.

"We're busy people," Dr. Ebert said. "We don't have the expertise or the time to monitor month to month what the withhold and profits are. When we sign a contract we put a lot of faith in the insurer that what they say at the end of the year is what is true. We will lose that administra-

tive expertise at the IPA level to review how the contract is being handled on both sides. It's checks and balances."

James A. Bull, M.D., president of the Rock Island County Medical Society and treasurer of the IPA, worries about the voice physicians will have with Deere and Heritage after the new contracts expire in December 1992. Dr. Bull predicts that solo practitioners will have a more difficult time "negotiating with this big insurance company." Heritage has 65,000 enrollees in its health plans in the Quad Cities, about 20 percent of the population. In a typical practice, 25 to 30 percent of the patients are covered by Heritage and Deere, Dr. Ebert said.

"My major concern is what the long-term outlook will be," Dr. Bull said. "What happens next year when we want to renegotiate to meet our expenses? What leverage will we have to negotiate without the IPA?"

Family Health Center raises concerns

While Heritage was working on cutting out the IPA, Deere announced it also intends to become a health care provider, as well as insurer. Plans are in the works for Deere to establish a Family Health Center staffed with physicians who will be salaried employees of the company. Deere officials said they hope 15,000 of their retired and active employees will switch from the traditional HMO plan to the new Deere health center. Patients will not be forced to switch to the Family Health Center, but they will receive economic incentives to do so.

If, in fact, 15,000 insured patients become Deere patients, Quad City physicians will lose these paying patients from their practices, Dr. Ebert said. Deere has announced many specialty needs will be filled through referrals to Quad Cities physicians. But, Dr. Ebert said, "When you eliminate perhaps 15 percent of the patients from the marketplace, it makes things tight, especially for the family physicians and internists who depend on that kind of business."

"I have concerns about the future

patient load," he added. Practices that are having economic difficulties "may not be able to survive without that business. There's the potential for a less optimal practice environment."

"It's a business decision, not an attempt to punish physicians. I respect it as a business decision, but I have certain concerns about the effect on the community."

—Edward L. Ebert, D.O.

Dr. Bull and Dr. Ebert also cited uncertainty about recruiting and retaining physicians in the Quad Cities because of a potentially shrinking private-pay patient population. "Physicians are concerned that [the health center] will take patients with insurance out of the mainstream," Dr. Bull said. "That leaves the rest of the patients who can't pay or are covered by Medicaid for the local doctors. But it's too early to know what the final effects will be until we know how many patients and doctors are involved."

If some physicians leave the area because they cannot sustain a viable practice, there could be a "less-quality physician panel to treat the rest of the population, those not insured by John Deere," Dr. Ebert said.

But, he stressed, this scenario is just a possibility, not a prediction. "I don't want to be accused of saying Deere is wrecking health care in the Quad Cities, because that's not what I mean at all. It's one concern I have. These are all questions we don't have answers to, but they are legitimate concerns."

Despite his uncertainty about the future, Dr. Ebert said he does not begrudge Deere's actions. "It's a business decision, not an attempt to punish physicians," he said. "I re-

spect it as a business decision, but I have certain concerns about the effect on the community. The physician community here is being used as a testing ground. I don't think there are any overt thoughts by Deere of hurting the community."

With more and more businesses turning to managed care options to control costs, many corporate eyes will be watching the Deere "experiment" with the Family Health Center concept, Dr. Ebert said. Corporate medicine, he said, is the wave of the future, as managed care programs have proved the most cost-effective way to provide health care to the public. "The more control [on health care delivery], the better costs can be controlled," he noted. "Deere just made the ultimate move in control — to be a provider."

Seeking more specifics about Deere's plans, physician representatives met with Deere officials Aug. 21. The meeting was held in a "friendly atmosphere," Dr. Bull said, but the physicians "still ended up with unknowns and unanswered questions." He said Deere gave "pretty much a rehash" of what the area medical societies had already been told and what has appeared in local press reports.

Subsequently, the Rock Island Medical Society will send another letter to John Deere asking for more information about the specifics of the Family Health Center, Dr. Bull said. "But the medical society is limited in what it can do," he said. "It has no ability to negotiate economic concerns for its membership. It can speak out for our concerns about health care and that's what we'll do in the coming months."

Along with opening its Family Health Center some time next year, Deere will introduce a new PPO option for its employee insureds called the Heritage Preferred Plan. The company will not contract with the Western Illinois IPA or any other IPA, Dr. Ebert said. "For the preferred plan the physician component in both Illinois and Iowa will consist of physicians on either side of the river who sign individual contracts to provide care," he said.

IPA will go on

Physician members of the Western Illinois IPA also are concerned about what the future holds for the joint business venture.

Dr. Ebert, however, said the IPA intends to market itself to "the HMO and PPO community" to obtain contracts outside Deere. He said the health insurance environment is becoming increasingly competitive in the Quad Cities with new "insurance companies and players testing the waters."

Even though Deere sees the Western Illinois IPA as a detriment, the physicians view the IPA as a plus for companies entering the Quad Cities marketplace because "they can work with the IPA and don't have to contract with individual physicians," he said.

In addition, the IPA aids physicians by giving them a "stronger foothold in the economics of health care," Dr. Ebert said. "We believe we can play a more active role if we can stay together and contract as a group. The shelter of that group places us at a better advantage." ▲

\$30,000 BONUS OFFERED TO HEALTH CARE PROFESSIONALS

If you are a board-certified physician or a candidate for board certification in one of the following specialties, you may qualify for a bonus of up to \$30,000 in the Army Reserve.

**Anesthesiology • General Surgery • Thoracic Surgery
Pediatric Surgery • Orthopedic Surgery
Colon-Rectal Surgery • Vascular Surgery • Neurosurgery**

A test program is being conducted which offers a bonus to eligible physicians who reside in certain geographic areas (Pennsylvania, West Virginia, Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota and Iowa). You would receive a \$10,000 bonus for each year you serve as an Army Reserve physician—for a maximum of three years.

You may serve near your home, at times convenient for you, or at Army medical facilities in the United States and abroad. There are also opportunities to attend conferences and participate in special training programs, such as the Advanced Trauma Life Support Course.

To learn more about the Army Reserve and the Bonus Test Program, call one of our experienced Medical Personnel Counselors:

**MAJOR HARRY RUBIN or
MAJOR CHARLES DAWSON
CALL COLLECT: (708) 541-3644**

ARMY RESERVE. BE ALL YOU CAN BE.

"Can They Take Care of Everything?"



When one of your patients requires cancer treatment, you can feel confident they'll receive the best care at Decatur Memorial Hospital's Cancer Care

Institute. Our comprehensive program applies a multi-disciplinary approach.

DMH has our area's only comprehensive cancer program — everything from research, education and screening for early detection to treatment and support.

It includes diagnostic capability, advanced technology and nationally affiliated research. You can rely on more than 20 years of expertise.

Call the DMH Cancer Care Institute. Because now is not the time to take chances.

Call: 217-877-8144 ext. 2380

Monday - Friday, 8 a.m. - 5 p.m.

Because now is not the time to take chances.



Serving the region for more than 20 years.

a service of
Decatur Memorial Hospital
2300 North Edward Street
Decatur, Illinois 62526

Members in the News

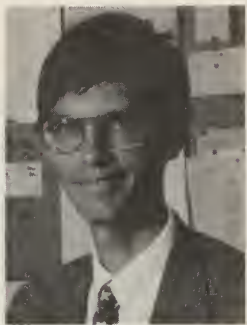
by Anna Brown and Sean McMahan

The Illinois Academy of Family Physicians named **Carla E. Samson, M.D.**, of Belleville, Family Physician of the Year. Dr. Samson was honored at an awards presentation during the IAFP annual meeting. She is an assistant professor in family practice at Southern Illinois Univer-



Carla E. Samson, M.D.

sity School of Medicine, and a volunteer physician and board member at the Catherine Kasper Center, a non-profit organization serving the poor and elderly in East St. Louis. The award is given annually to an academy member who spends a majority of time in direct patient care, maintains a hospital and office practice, and participates in community affairs.



Jerry E. Kruse, M.D.

Jerry E. Kruse, M.D., of Quincy, was also honored by the IAFP with its 1991 Family Physician Teacher of the Year award. Dr. Kruse is an associate professor of family practice at Southern Illinois University School of Medicine and assistant director of the Quincy Family Practice Program. He developed audit criteria and methods for SIU that are used in all departments and serve as models for hospitals. Dr. Kruse is a graduate of the University of Missouri at Columbia School of Medicine.

Peter J. Soto, M.D., of Belleville, has been named chairman of the Advisory Board for Clinical Laboratories and Blood Banks by Gov. Jim Edgar. The committee consults with

the Illinois Department of Public Health regarding administration of the Illinois Clinical Laboratory Act and the Illinois Blood Bank Act.

Gov. Edgar reappointed **George T. Wilkins Jr., M.D.**, of Edwardsville, to the Board of Trustees of Southern Illinois University. Dr. Wilkins is chairman of the Illinois State Medical Society Board of Trustees. Edgar also appointed **Mack W. Hollowell, M.D.**, of Charleston, to the Board of Governors of State Colleges and Universities.

Paul Balter, M.D., of Oak Park; **Susan W. Balter, M.D.**, of River Forest; **Ruben Chuquimia, M.D.**, of Flossmoor; **George Dunea, M.D.**, of Chicago; **Suresh C. Hathiwal, M.D.**, of Oak Park; and **Julio Lara-Valle, M.D.**, of Burr Ridge, were appointed to the Governor's Ad Hoc Committee on Cholera Relief. Edgar convened the committee of medical experts and government and business leaders to coordinate medical relief efforts from Illinois to combat the cholera epidemic in Peru.

The following physicians were elected officers of the Illinois Thoracic Society for 1991-92: **Luke L. Burchard, M.D.**, of Mattoon, president; **Stanley M. Bugaieski, M.D.**, of Peoria, president-elect; **Robert E. Hyatt, M.D.**, of Vandalia, secretary-treasurer; and **Patrick J. Fahey, M.D.**, of Maywood, representative to the American Thoracic Society. The Illinois Thoracic Society is the medical section of the American Lung Association of Illinois.

Luis Garcia, M.D., of Kewanee, was honored by the Heart of Illinois Region of the American Red Cross Blood Services for nine years of service on the Medical Advisory Committee. Dr. Garcia has served three consecutive terms on the 17-member committee, which includes physicians from a variety of specialties. He is a pathologist at Kewanee Hospital.

George C. Gustafson, M.D., of Hazel Crest, was named president of South Suburban Hospital medical staff in Hazel Crest. Dr. Gustafson specializes in cardiology and internal medicine.

C. Anderson Hedberg, M.D., of Winnetka, was named president of the medical staff of Rush-Presbyterian-St. Lukes Medical Center, Chicago. Dr. Hedberg is an associate professor of internal medicine and senior attending physician at the hospital. Other new officers include: **Ronald L. DeWald, M.D.**, Lake Forest, president-elect; **Stephanie A. Gregory, M.D.**, Evanston, secretary; and **Barbara Santucci, M.D.**, Oak Brook, treasurer.

Copley Memorial Hospital, Aurora, recently appointed the following medical staff officers: **Harry Rubinstein, M.D.**, of Aurora, chief of staff; **John O. Palmer, M.D.**, of Oswego, vice chief of staff; and **Daniel R. Hatcher, M.D.**, of Aurora, secretary-treasurer. The following physicians were named department chairmen: **John N. Blair, M.D.**, of Aurora, pediatrics; **Melvin V. Boule, M.D.**, of Sugar Grove, ancillary services; **Bjorn E. Forsell, M.D.**, of Aurora, family practice; **Judson E. Jones, M.D.**, of Montgomery, Ob/Gyn; and **William Lowry, M.D.**, of Oswego, surgery.

June 23 was Olin A. Dively Day in Macomb in honor of **Olin A. Dively**,

AMIC

A D V A N C E D
M E D I C A L
I M A G I N G
C E N T E R

The Advanced Medical Imaging Center
Announces the availability of

MRI

AMIC offers state-of-the-art in Magnetic Resonance Imaging. In addition to standard MRI examinations, MR angiography will be available.

Advanced equipment design allows improved patient comfort:

- ▼ Accommodates patients weighing up to 400 pounds
- ▼ Reduces patient apprehension and claustrophobia through:
 - ▼ Specially installed music system
 - ▼ Large diameter gantry

AMIC is a full-service facility committed to providing high quality imaging. Our commitment means:

- ▼ Convenient location and hours
- ▼ Fax reports within 24 hours
- ▼ Board Certified Specialists
- ▼ Registered and Licensed Technologists
- ▼ Courteous office staff
- ▼ Sensitive Patient Care

"Working with you to extend your reach of care."

Call today for an appointment or to request information.

(312)807-3555

Radiological Physicians Limited

Magnetic Resonance Imaging, General Radiology, Mammography, Ultrasound, Computed Axial Tomography and Nuclear Imaging.

Hours: Monday through Friday - 7:30 a.m. to 5:30 p.m. Saturday - 9:00 a.m. to 1:00 p.m.
The Garland Building, 111 North Wabash Avenue, Suite 620, Chicago, Illinois 60602

M.D. Mayor Tom Carper proclaimed the day in recognition of Dr. Dively's years of professional service to Macomb and nearby communities.

The medical staff of Perry Memorial Hospital in Princeton honored **Joseph W. O'Malley, M.D.**, of Ohio, Ill., for 50 years of service to the medical profession. Dr. O'Malley retired Sept. 15, 1990, from his family practice serving patients in Ohio and surrounding communities.

Arnold Faber, M.D., and **Frank Matheu, D.O.**, were named chief of staff and vice president, respectively, of Perry Memorial Hospital's medical staff. Both are from Princeton.

John J. Nicholas, M.D., of Chicago, was named chairman of the department of physical medicine and rehabilitation at Rush-Presbyterian-St. Lukes Medical Center, Chicago. He has been acting department chairman since joining Rush-Presbyterian in January 1990.

J. Lewis Bailen, M.D., of Bloomington, was named a Paul Harris Fellow by Rotary International Club. Dr. Bailen was recognized for operating a clinic that provides free health care to needy children.

Victoria M. Maclin, M.D., of Chicago, recently joined the staff at Ingalls Memorial Hospital in Harvey. She also serves as an assistant professor of obstetrics and gynecology at Rush Medical College in Chicago.

Robert A. Weiss, M.D., of Chicago, recently joined The Eye Center at Illinois Masonic Medical Center, Chicago. He is also an associate clinical professor of ophthalmology at the University of Illinois Eye and Ear Infirmary.

Dianne F. Ross, M.D., of New Lenox, joined the staff of New Lenox Medical Center and Silver Cross Hospital. She practiced with the Joliet Medical Group since 1988 as its first and only ophthalmologist. Dr. Ross received her medical degree from the University of Illinois at Chicago. As part of her medical training she aided the blind and sick at the Focus Ophthalmological Clinics in Nigeria.

Spomenka Jercinovic, M.D., of Joliet, was appointed clinical instructor in pediatrics at the University of Chicago. He will provide part-time clinical service in the Wyler Children's Hospital emergency room for one year. Dr. Jercinovic practices at the Wilmington Health Care Center in Wilmington.

Paul M. Christensen, M.D., and **David E. Yardley, M.D.**, both of Rockford, were named medical director and research director of Saint Anthony Regional Heart Institute, respectively. Dr. Christensen received his medical degree from the University of Iowa in Iowa City. Dr. Yardley received his medical degree from Loyola University Stritch School of Medicine in Maywood. Founded in 1985, the institute coordinates all cardiovascular programs at Saint Anthony.

Richard S. Goldberg, M.D., of River Forest, was appointed director of the adolescent intensive treatment unit at HCA Riveredge Hospital in Forest Park. Dr. Goldberg is clinical director of the open adult unit at Riveredge, and an assistant clinical professor of psychiatry at the University of Illinois Medical Center. He received his medical degree from the University of Illinois School of Medicine.

New Chicago Medical Society officers began serving their terms recently. They are **M. LeRoy Sprang, M.D.**, of Skokie, president; **Alan M. Roman, M.D.**, of Flossmoor, president-elect; **H. Constance Bonbrest, M.D.**, of Chicago, secretary; **Sandra F. Olson, M.D.**, of Chicago, council chairman; and **John F. Schneider, M.D.**, of Flossmoor, council vice chairman.



M. LeRoy Sprang, M.D.

Dr. Sprang served three terms as treasurer and one term as secretary

of CMS. He was elected to the Illinois State Medical Inter-Insurance Exchange Board of Governors, and is a member of the Illinois State Medical Society House of Delegates and Board of Trustees. On staff at St. Francis Hospital of Evanston and Evanston Hospital, Dr. Sprang is an assistant professor of clinical Ob/Gyn at Northwestern University Medical School.

Dr. Roman is chairman of the surgery department, director of the surgical intensive care unit and member of the Executive Committee at St. Francis Hospital in Blue Island. He is a member of the Exchange Board of Governors and the ISMS Board of Trustees.

Dr. Bonbrest is serving her second term as CMS secretary. She is medical director of HMOs at the University

of Illinois at Chicago, and an ISMS Board of Trustees member.

Dr. Olson is an associate clinical professor of neurology at Northwestern University Medical School, and practices neurology at Northwestern Memorial Hospital. She serves on the ISMS Council on Public Relations and Membership Services.

Dr. Schneider is an internist at the University of Chicago Hospitals. He serves on the ISMS Council on Economics, which he chaired in 1990. ▲

Send news of honors and appointments to Anna Brown, 4 Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602.



PUT YOUR MEDICAL CAREER IN FLIGHT.

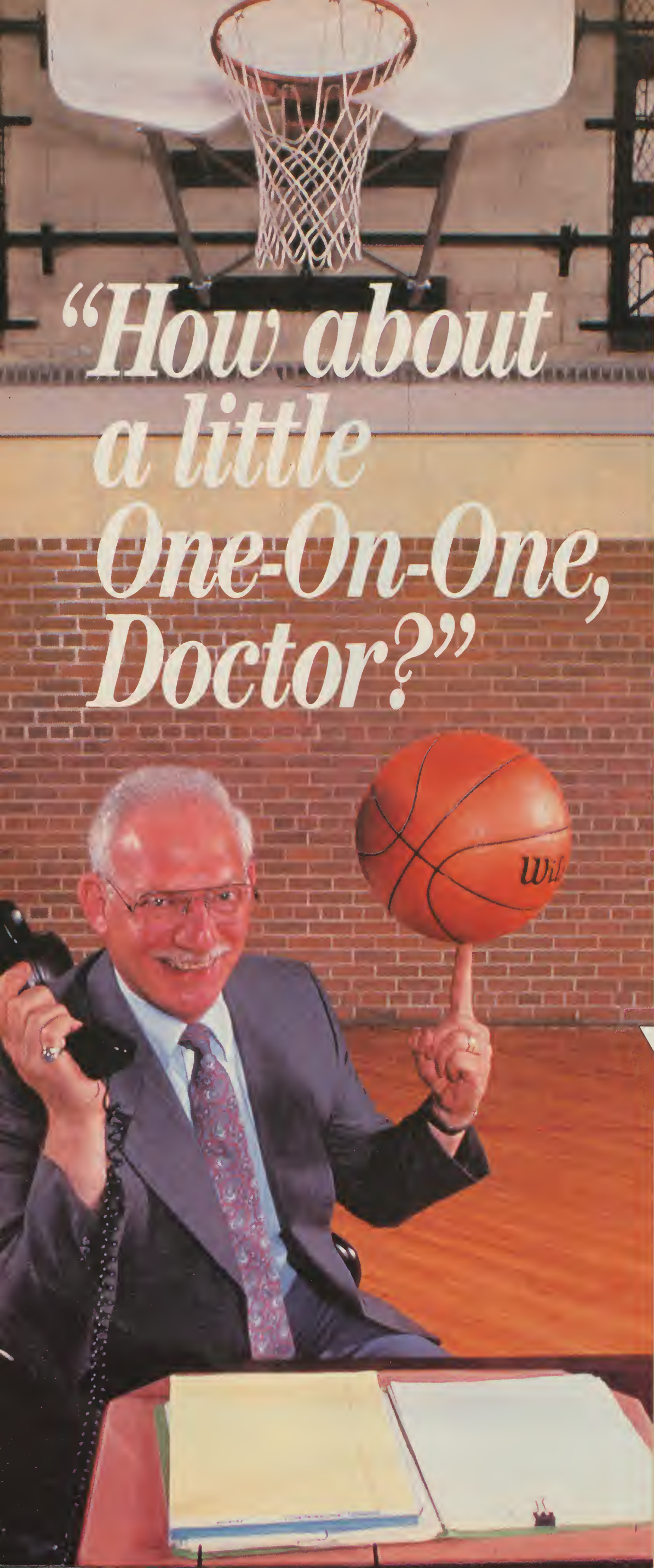
Discover the thrill of flying, the end of office overhead and the enjoyment of a general practice as an Air Force flight surgeon. Talk to an Air Force medical program manager about the tremendous benefits of being an Air Force medical officer:

- Quality lifestyle, quality practice
- 30 days vacation with pay per year
- Support of skilled professionals
- Non-contributing retirement plan if qualified

Discover how to take flight as an Air Force flight surgeon. Talk to the Air Force medical team today. Call

**USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF**





“How about a little One-On-One, Doctor?”

Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,000 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go "one-on-one" with the president of any other insurance carrier. Then call Henry.

P.S.—We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601



Tamara Strom

With names like "That's Reduckulous," "The Webbed Wonder" and "Sink-or-Swim," 20,000 yellow, sunglass-clad rubber ducks raced a quarter of a mile down the Chicago River Aug. 23 in the Second Annual Chicago Duck Race. The ducks were dumped en masse by a crane off the Michigan Avenue bridge to begin the race. Each duck was "adopted" for \$5, with the proceeds benefiting C.A.U.S.E.S., the child abuse unit at Chicago's Illinois Masonic Medical Center; WGN-TV Children's Charities; the Robert R. McCormick Tribune Foundation; and the Hull House Association. C.A.U.S.E.S. — or Child Abuse Unit for Studies, Education and Services — treats more than 1,100 abused and neglected children and their families annually. The child abuse unit provides comprehensive diagnostic evaluations, long- and short-term treatment, psychotherapy, home visitations and services for children in shelter care and female inmates at the Dwight Correctional Center. ▲

Lead testing bill

(continued from page 3)

local health departments that discover a child with an elevated blood lead level to notify IDPH within 48 hours. IDPH must also maintain a clearinghouse of information about lead poisoning, develop public education materials, set safety standards for removing lead-contaminated soil, and establish licensing criteria for lead inspectors.

During the spring legislative session, H.B. 2295 enjoyed the support of the Illinois medical community, particularly the state's pediatricians, once the bill's language included provisions for testing to be done at a doctor's discretion.

"The thrust of this law is well-intended," said Jay E. Berkelhamer, M.D., president-elect of the Illinois chapter of AAP. "We all need to be more vigilant in identifying those kids most in need. A law like this makes sense because it will heighten people's awareness of lead toxicity."

Although Dr. Berkelhamer said, "It is true that there is much more lead poisoning out there than we understood a few years ago," he stressed that there is "still a lot of room" for individualizing patient care. Lead poisoning, even at lower levels, can cause learning disorders and neurological problems, he said, so physicians "need to heighten their concern" about the possibility of poisoning in their young patients.

Dr. Berkelhamer said he hopes IDPH does not create "stringent"

rules that force physicians to perform unnecessary testing, and added that "physicians are anxious to work with the state" to assure testing is performed in accordance with new CDC and AAP guidelines.

A longtime advocate of lead poisoning and abatement legislation, Jeri Weyher, M.D., a Chicago pediatrician, said she is encouraged because for the first time Illinois has a law with "some meat in it." Dr. Weyher said she is disappointed, however, that some strong mandates on business interests and the real estate industry to provide lead abatement measures were dropped before the bill was passed.

Dr. Weyher predicts one effect of the law will be more testing. Only about 7 percent of the 1 million Illinois children under 6 are tested each year, she said. In Chicago that figure is higher, with about 20 percent of children under 6 tested.

"But even that is dismal," she said. "The problem is that we assume some areas are a problem and some areas aren't. Waiting for symptoms to occur is losing the ball game."

In high-risk areas, such as the South and West sides in Chicago, she said, physicians in area clinics test children every six months. Despite more frequent testing, though, Dr. Weyher said she does not expect medical intervention to change significantly with the law's enactment.

"We feel medical therapy is just a Band-Aid," she said. "The real need is to get the lead out of the environment." ▲

RBRVS

(continued from page 1)

positive while leaving in place the most unacceptable interpretations," said Illinois State Medical Society President Robert M. Reardon, M.D. "We must see fundamental bottom-line change in RBRVS. This is not an issue on which we can accept cosmetic alterations. There must be real, substantive change."

But the government is giving no indication of how much it will correct the proposed conversion factor that would lead to average rate cuts of 16 percent for physician services by 1996. In addition, rumors are circulating that HCFA intends to leave intact one of the most onerous aspects of the proposed RBRVS payment system — the behavioral offset.

The assumption by HCFA that physicians will attempt to recoup 50 percent of lost Medicare revenues by performing more services is largely unfounded, most medical groups claim. Even the Physician Payment Review Commission, formed by Congress as an advisory panel on doctors' payment issues, disputes HCFA's claim that a 3 percent behavioral offset is justified.

"We are especially concerned about reports that the administration plans to retain its basic behavioral offset concept," said American Medical Association Executive Vice President James S. Todd, M.D. "Congress explicitly dealt with the volume issue when the Medicare

Volume Performance Standards were enacted. Medicine also needs to know if the administration plans to introduce new concepts or changes in the upcoming regulations that would impact the conversion factor."

Must keep pressure on

Dr. Reardon said he is pleased that the medical community "generated enough heat to get the government to talk about changing RBRVS," but stressed that physicians cannot afford to let down their guard. He praised the efforts of physicians to date in forcing the administration to re-examine its proposal for RBRVS implementation, but said there is more to be done.

In addition to individual letters written to Congress by Illinois physicians, ISMS wrote to members of the congressional delegation and to HCFA about the unacceptable RBRVS implementation proposal released June 5.

"We must keep the pressure on," Dr. Reardon said, explaining that doctors should still write or call their congressional representatives or HCFA in Washington to express their discontent with the proposed RBRVS regulations.

"Medicine's voice has already been heard on Capitol Hill," he noted. "But until we get all of the details and the rules are actually released, we just don't know what the outcome will be." ▲

Geriatric Fellowships

Lutheran General Hospital, is a 712-bed, University of Chicago affiliated, academic community teaching hospital. We are offering a two year accredited geriatric fellowship that is jointly sponsored by the Departments of Family Practice and Internal Medicine. This is an established program with four geriatric fellow positions and three full-time geriatricians.

Geriatric fellows will have the opportunity to train within the context of an interdisciplinary team, across a broad continuum of geriatric care. Several outstanding clinical experiences have been developed in the inpatient geropsychiatry and rehabilitation units, the Ballard Teaching Nursing Home, the Outpatient Geriatric Assessment Program, and the Adult Day Care Center. Fellows will rotate through specialty clinics in dementia, incontinence and sleep disorders. They will develop skills in research methodology, statistics and the use of computers.

We are presently seeking two first year candidates for our program. For further information contact: Robert Moss, M.D. or Herbert Sier, M.D., Geriatric Fellowship Program, Lutheran General Hospital, 1775 W. Dempster Street, Park Ridge, IL 60068. (708) 696-5104. We are an equal opportunity employer.



**Lutheran General
Health Care System**

Exposure-prone tasks

(continued from page 2)

But, Dr. Schwarz said, the science is becoming more decisive, and he expects the board will re-examine its HIV policies. So far, more than 3,000 patients who were treated by HIV-positive health care workers have been followed in look-back studies and not one has tested positive for the AIDS virus, he said.

The specialty representatives used this data in part to support their decision not to make a list of exposure-prone procedures, he noted, adding that they acknowledged the case of a Florida dentist who transmitted HIV to five of his patients. "It's something bizarre," Dr. Schwarz said of the David Acer, D.D.S. case. "It's an outlier. This case defies even the most risky of the scientific models."

The AMA House of Delegates asked for a report at its 1991 interim meeting on HIV testing of health care workers. "But there is absolutely no sentiment anywhere for mandatory testing," he said. "We know the risk of transmission is greater than zero, but it may very well be immeasurable. Requiring testing of all health care workers would be terribly inappropriate and misguided." ▲

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

This information is reprinted from the Illinois Department of Professional Regulation's (IDPR) monthly disciplinary report. IDPR is solely responsible for its content.

APRIL 1991

Nellie Calmell, Chicago – physician and surgeon and controlled substance licenses suspended indefinitely after evidencing to the Department a complete lack of proper ethical and professional judgement. She shall not be allowed to petition for restoration prior to June 3, 1993.

Romeo Aranas, Pekin – physician and surgeon license placed on probation for two years and his controlled substance license placed on probation for three years after he violated numerous provisions of the Medical Practice Act of 1987 and the Controlled Substances Act.

Joseph L. Giacchino, Elmwood Park – physician and surgeon license placed on probation after he delivered controlled substances for purposes other than for therapy or treatment.

MAY 1991

Robert Block, Chicago – physician and surgeon license suspended indefinitely after he demonstrated unprofessional conduct and professional incompetence in the treatment of a patient.

JUNE 1991

John N. Crawford, Chicago – physician and surgeon and controlled substance licenses suspended for six months after he was convicted of mail fraud and making false statements.

Henry M. Goshen, Chicago – physician and surgeon license suspended for three months and his controlled substance license suspended for five years after he was convicted of omitting information from reports reflecting the sale, delivery and disposition of controlled substances.

Hernan Velarde-Nunez, Waukegan – physician and surgeon license temporarily suspended after he allegedly sexually assaulted a patient during the course of a physical examination.

Richard M. Flacco, Galesburg – physician and surgeon license reprimanded and his controlled sub-

stance license placed on probation for two years after he failed to maintain controlled substances dispensing logs.

Pairat Vibulakaopun, Bonne Terre, Missouri – physician and surgeon license reprimanded after he was improperly prescribing and dispensing anorectic drugs to his patients.

Federico Gokoo, Cornell – controlled substance license placed on probation for five years after he failed to maintain controlled substance records and failed to make his records available to department personnel.

JULY 1991

Muhammed Saleem Akhtar, Banning, California – physician and surgeon license revoked after he failed to answer a Department complaint concerning alleged professional incompetence in the State of California.

Ajay K. Das, Glenview – physician and surgeon license and controlled substances license suspended for six months and placed on probation for five years upon termination of the suspension and he was fined \$25,000 after he was convicted of vendor fraud.

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Internal medicine – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Family practice and internal medicine: we are a growing, 20-physician multispecialty clinic seeking BC/BE physicians. Guaranteed first year salary with incentive program, signing bonuses, and excellent fringe benefit package. Located in southeastern Minnesota, Austin is a progressive community of 23,000 with public and parochial schools and an excellent higher education system. Call or send CV to Richard Graber, Administrator, Austin Medical Clinic, P.A., 1000 1st Drive NW, Austin, MN 55912; 507/433-7351.

St. Charles. Probably the best opportunity for a primary care physician in the Midwest. Our full-service medical facility is located in an extremely desirable growing suburb of Chicago. The St. Charles/Geneva community is quaint, yet progressive, financially strong, and very popular with young families. Our facility is state-of-the-art with on-site x-ray, lab, pharmacy, surgical, electronic billing and more. We provide 90 percent of primary care needs for our patients and industrial clients – including immediate care. You will have the opportunity to enjoy immediate equity. You will be impressed. Contact Mark Lewis, M.D., 708/377-7979.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

SE Wisconsin pediatrics – unique opportunity for 1-2 skilled BC/BE pediatricians. Hospital management and start-up assistance available along with coverage from skilled BC colleagues. Be part of a new practice in a prospering community close to Milwaukee, Madison and Chicago. Contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

BC/BE radiologist wanted for part-time position. Private practice in a hospital setting. CT, MRI and some angiography/interventional experience required. Up to 18 full weeks per year which includes light call. Generous salary. Small college community in west-central Illinois. Send curriculum vitae with reply to Box 2198, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

BE/BC radiologist – partnership available in hospital practice at St. Mary's Hospital, Streator, which is a 240 licensed bed hospital with a service area of 35,000. Streator is located 100 miles southwest of Chicago. For further information contact Robert Gubbels, St. Mary's Hospital, 111 E. Spring, Streator, IL 61364; 1-800-325-7699.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Medical director. BE/BC IM or FP physician needed for medical director at Henry Hill Correctional Center, Galesburg. Directors receive an excellent guaranteed clinical remuneration, administrative stipend and benefit package. If you feel imprisoned by private practice, our opportunity can free you from these headaches. For confidential consideration, call John J. Bogdajewicz at 1-800-325-4809, ext. 3107, send CV to Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141, Attn.: John "B."

Internist needed to join one of the leading internal medicine practices in Kenosha, Wis. This is an opportunity to build a strong and vibrant practice within the first one to two years. Office conveniently located on the hospital campus. Kenosha provides an excellent quality of life: many choice yet affordable places to live, superior schools, proximity to recreational facilities, and central location less than one hour from either Chicago or Milwaukee. Compensation competitive including an incentive plan which provides enhanced earning potential. Contact Jan Channon 708/945-7717 or send CV to 1855 H Deerfield Rd., Suite 2300, Highland Park, IL 60035.

Chairman, department of internal medicine – Mercy Hospital and Medical Center, Chicago, invites applications for chairman of its department of internal medicine. Mercy is a major Chicago multisite medical center with Illinois' longest history of excellence in patient care, teaching and research. University of Illinois-affiliated medical education and residency programs. Curriculum vitae should reflect an outstanding record in academic medicine, commitment to providing quality leadership, research orientation, publication and experience in program development. Opportunity for limited private practice; salary and benefits negotiable. Submit curriculum vitae to Manuel Claudio, M.D., Mercy Hospital and Medical Center, Stevenson Expressway at King Dr., Chicago, IL 60616.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physicians Services, 1146 Parker, Buffalo Grove, IL 60089.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebke Pkwy., Beloit, WI 53511, or call 608/364-2200.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Ob/Gyn – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

BC/BE radiologist immediately needed to join two others in practice in Centralia. Peaceful community of 17,000, one hour east of St. Louis. 60,000 procedures/year all modalities in progressive 286-bed hospital. Excellent remuneration, partnership one year and no buy-in. Contact Richard Rudman, M.D., 13 Orchard Dr. East, Centralia, IL 62801; 618/532-6731 office, 618/533-2066 home.

Primary care physicians: full or part-time opportunities available in southern Illinois or various Missouri locations. Proper licensure required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

Primary care physicians for MOD coverage in central Illinois. Nights and weekends. Light workload. Malpractice covered. Illinois license required. Contact in confidence: Annashae Corporation, 1-800-245-2662.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax you CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Chicago - EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Eastern Illinois. Ground-floor opportunity to start three-to-four physician group or join 45-physician multispecialty group. Good call coverage in both situations. Three-year net guarantee totaling \$375,000 includes malpractice, office expenses, staff, management, etc. Additional \$10,000 per year for board certification! Half hour from Big 10 university. Contact Bob Suleski or Lee Fivenson, 1-800-338-7107.

Private practice opportunities in Minnesota and Wisconsin. Dermatology, emergency medicine, ENT, internal medicine, family practice, obstetrics/gynecology, ophthalmology and pediatrics. Join established groups with strong hospital support in attractive communities. Contact: Jerry Hess, Abbott Northwestern Hospital (16501) 800 E. 28th Street, Minneapolis, MN 55407; 1-800-248-4921. A LifeSpan member.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Medical chief of staff. Outpatient clinic seeks qualified physician to coordinate and supervise all patient treatment and care. Position includes maintaining a patient case load, medical supervision of staff physicians and nurse practitioners, quality assurance, and review/evaluation of medical treatment policies and procedures. Competitive salary. Excellent benefits, including regular work hours, paid malpractice, vacation, sick leave, retirement plan. Interested candidates should submit CV, letter of application, and three letters of reference by Oct. 5, 1991 to: Mr. James Borgstrom, Beu Health Center, Western Illinois University, Macomb, IL 61455. EOE—Women and minorities are encouraged to apply.

SE Wisconsin. Third BC/BE obstetrician/gynecologist needed to join single specialty, fee-for-service laser-equipped practice. This two-physician, three-nurse practitioner office is located in a desirable suburb close to Milwaukee and Chicago. Excellent quality of life and outstanding recreational area. Attractive financial package including early partnership opportunities. For further information please contact: Lynn Brueggeman, Women's OB/GYN Care, 210 N.W. Barstow Street, Waukesha, WI 53188, or call 414/544-4400.

Situations Wanted

Board-certified dermatologist, excellent clinical and interpersonal skills. Ten years in clinical practice. Interested in full or part-time opportunities in multi-specialty group, dermatology group, HMO, or solo practice in Chicago metropolitan area. Reply to Box 2170, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physically disabled, 37-year-old physician interested in work at home. Experience in medical writing; research in neurosurgery, neurology, GI, oncology, hematology, ortho. Excellent abilities in writing, speeches, research reports, literature searches, insurance paperwork, chartwork, etc. Contact S. Engel, M.D., P.O. Box 171, Park Ridge, IL 60068, or call 708/692-2207.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

For sale, family practice. Well established, near St. Louis in Illinois, fully equipped office. 1137 Birchgate, St. Louis, MO 63135; 314/521-7933 after 7 p.m.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Well-equipped laboratory in professional building in midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Elgin. Medical space available in fast expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Near lake. 32-unit courtyard building, two penthouse apartments with elevators, indoor garage, no deferred maintenance, nets \$160,000, asking \$1,225,000. East Rogers Park. Cash machine – 32 units plus nine stores, new boiler, many improvements, nets \$115,200, asking \$849,000, assumable mortgage at 10 percent, possible owner second. Remax Exclusive Properties – Chuck Stuparits, 312/918-2266.

Office space for lease. Oak Forest. Professional/business office space for lease. Suites 900 to 2,200 square feet/elevator building. Near RTA/Metra/x-way. Rate extremely competitive. 708/687-5200.

For sale, family practice. Active practice which nets \$150,000 per year with great potential for further growth. Located in prosperous, lakeside Illinois community. No public aid or HMO affiliations. Very low asking price. Reply to Box 2200, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Exclusive 30-acre site – 720 feet of Lake Michigan non-eroding beach frontage approximately 1,800 feet deep. Ideal for your estate, medical retreat, or an association of owners. Set up and approved to accommodate a minimum of eight estate-sized sites, if interested in subdividing. Can have a private gated entry. 2½ hours from Chicago (three minutes from I-196/U.S. 31 expressway) at South Haven, Mich. \$2,500,000. For information call 219/291-9717 or write Joe Hickey, 1313 Erskine Manor Hill, South Bend, IN 46614. This is a first-time offering.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we're in our other office. Can be flexible with schedule. 708/963-0601.

Successful family practice with internal medicine emphasis for sale in DuPage County. Owner retiring after 35 years. Grossing \$285,000 with 3,000 active files. Three exam rooms located in professional building. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Illinois medical practices for sale! No fees to buyers. For details on practices currently available, or to receive information on future opportunities, call 708/441-6111.

For sale—medical practice. Well-established in Clinton, with local acute care hospital. Access to larger towns. Trained staff. Immediate availability. Reasonably priced for early sale. Call or write to C.N. Radhakrishna, M.D., 210 E. Main Street, Clinton, IL 61727; 217/935-3136.

Electric examining tables, file cabinets, office furniture, photocopy machine, heat sterilizer, wall-mount hyfracator, miscellaneous supplies. Evanston location. Call A. Polussa, M.D., 217/698-9642.

Miscellaneous

Writer to serve as co-author with physicians who have great ideas for bestselling books. A lifetime of writing experience. Over twenty articles in *Illinois Medicine*. 312/871-6624.

Bogged down with dictation? 24 hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll-free dictation.

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-786-3037 (24 hours). Alan D. Kirscher, M.A.

Why does JACKSON & COKER recruit more physicians each year than any other company?

❑ Largest pool of available physicians in the nation

❑ Network of 7 regional offices nationwide

❑ Expertise that produces unparalleled results in recruiting quality physicians

❑ Proven system that produced over 1,000 placements in the last 3 years.



(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



WE CAN HELP YOU AVOID SOME UNPLEASANT DETOURS.

A malpractice suit can sidetrack a successful practice. Physicians distracted by a lawsuit frequently feel as if they face only tough choices. Being put on the defensive allows little room to maneuver.

That is why the Exchange works diligently to help reduce its policyholders' exposure to the risk of lawsuits. Before they occur. Before they add pressure to an already demanding profession.

As the state's largest and most experienced physician-owned professional liability insurer, we know a great deal about the reasons why physicians get sued.

Through risk management seminars, on-site visits, videotapes and printed materials, we teach policyholders ways to prevent losses. We also educate office staff on the role they can play in reducing risk. Specialty subcommittees look for ways to aid the high risk specialties. We do not stop at protecting our policyholders from a suit; we work to improve overall patient care as well.

No insurer has a better claims defense. But we hope you'll never have to know how good we are.

ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine



September 27, 1991

ILLINOIS STATE MEDICAL SOCIETY

AMA says 'no deal' to new RBRVS plan

by Tamara Strom

THE AMERICAN Medical Association has rejected a plan offered by the Health Care Financing Administration that partially corrects RBRVS, but retains a behavioral offset.

Although encouraged by the administration's restoration of \$6.9 billion to the resource-based relative value scale physician payment reform system, organized medicine's

position about a behavioral offset remains non-negotiable, said James S. Todd, M.D., AMA executive vice president. Dr. Todd announced the AMA's intent to fight HCFA on the behavioral offset at a Sept. 17 news conference.

Despite an extensive grass roots physician effort to fight RBRVS implementation as proposed, HCFA "remains bent on violating some of the basic tenets" of the 1989 law call-

ing for Medicare physician payment reform, Dr. Todd said.

"Specifically, HCFA is intransigent on the application of a behavioral offset to reduce the conversion factor," Dr. Todd said. "The behavioral offset represents a strange sort of logic that essentially means that because some physicians are going to be paid less under the RBRVS, HCFA proposes to apply additional unauthorized across-the-board reductions so that the 'losers' suffer even deeper cuts and the 'winners' receive smaller increases."

Dr. Todd also explained that the behavioral offset "undermines congressional intent to increase payments for primary care and rural areas and maintain high levels of access for Medicare patients."

So, unsatisfied with the government's revised proposal, the AMA is taking its fight to Congress, where a bill stands waiting to take up medicine's cause.

U.S. Rep. Pete Stark (D-Calif.) introduced H.R. 3070 this summer as

(continued on page 17)

Exchange debuts a new 'Focus on Service'

DRAWING ON a tradition of innovation and commitment to Illinois physicians, the dedication that drove the successful professional liability initiatives of the mid-1980s, the Illinois State Medical Inter-Insurance Exchange has targeted excellence in service as its goal for the coming decade.

The medical society's malpractice insurance company, the oldest physician-owned insurance company in the state, approved its new "Focus on Service" at meetings of the Exchange Executive Committee and Board of Governors in late August and early September.

"During the '80s, we were successful in improving the professional liability climate in Illinois for our profession, through tort reform and by

(continued on page 6)



M. Candee Studios

HCFA boss announces concessions on RBRVS

Gail Wilensky, Ph.D., administrator of the U.S. Health Care Financing Administration, told *Illinois Medicine* how the government restored nearly \$7 billion to the RBRVS Medicare physician payment system. Dr. Wilensky also said the administration plans to retain a behavioral offset of some kind.

See story, page 2.

Illinois State Medical Society expands Washington presence

by Ginny Thiersch

INCREASINGLY, THE forces impacting medicine in Illinois are based in the nation's capital, within the federal structure. And the Illinois State Medical Society's intent to represent its members' interests doesn't stop at the state line. Citing influences ranging from the Health Care Financing Administration's manipulation of the resource-based relative value scale physician payment reform system to recent Senate bills threatening criminal penalties for HIV-infected health care workers, the ISMS Board Sept. 14 approved a program to increase the visibility and influence of Illinois physicians on Washington decision makers.

"The state medical society has al-

ways been a force and a factor in Washington through our cooperation and support of the American Medical Association's legislative agenda," said George T. Wilkins Jr., M.D., chairman of the ISMS Board of Trustees. "In the past we have contacted members of Congress via mail, visits in the district and phone calls.

"With this new expansion of our efforts, we hope to take our message more forcefully to the doorstep of the people in Washington who affect our future."

Former Gov. James R. Thompson, now managing partner of the law firm Winston & Strawn, will lead an ISMS delegation to Washington in

(continued on page 17)



Wm. Daniels/The Photo Partners

Cook County Chief of Health Services Ruth Rothstein (left) and Chicago Health Commissioner Sister Sheila Lyne, R.S.M., led the Walk for Women's Health in Chicago Sept. 14. The walk was part of a nationwide effort to increase awareness about women's health issues. The AMA designated September Women's Health Month. ▲

In this issue	
Low revenues slow Medicaid payments.....3	Delnor-Community Hospital gears up for action.....9
ISMIS Chairman Robert C. Hamilton, M.D., dies.....7	ISMS Board Briefs.....14
Policyholder relations marks first anniversary.....7	OIG investigates Caremark under safe harbor rules.....15

***** 3 DIGIT SCF 208
NATIONAL LIB OF MEDICINE
INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Wilensky: RBRVS will be budget neutral, although behavioral offset will stay

by Tamara Strom

AFTER further review – and 95,000 letters of protest – the Bush administration has agreed that RBRVS should be budget neutral, U.S. Health Care Financing Administration chief Gail Wilensky, Ph.D., told *Illinois Medicine* in a Sept. 13 interview.

The first of two parts

But a behavioral offset of some kind, that the government claims will cover projected increases in Medicare services, will in all likelihood remain in the final rule, now scheduled for release in late October, she said.

HCFA will restore the \$6.9 billion in "savings" it proposed in the new Medicare resource-based relative value scale physician payment system that would have resulted in stiff rate cuts for physicians. Dr. Wilensky was in Chicago to deliver the keynote address at an American Medical Association-sponsored conference on rural health care access.

"It was clear that Congress had intended, and the administration had intended, that the resource-based relative value scale be budget neutral," Dr. Wilensky said. "It was something we had wanted to have all along. [The revision] did not come from a direct reading of the statute, but we feel comfortable we have found a legally sustainable way to do what the administration and the Congress always intended, which is to have a budget-neutral relative value scale."

She said the new rule evolved from "a long process" of analyzing the language of the law "to see whether we could both follow the statute and meet the clear congressional intent." The challenge was to establish a "way to reconcile all of the different pieces of the statute as best we could and to have what we believe is a legally sustainable interpretation," Dr. Wilensky said. "And we believe

we have found a way."

A direct reading of the law, she said, calls for the \$6.9 billion in "out-year savings" from 1993 to 1996. When the system is implemented on schedule Jan. 1, 1992, the out-year savings will no longer occur, making the system budget neutral. She said eliminating the savings "will resolve at least one major issue that had been raised appropriately, which is, 'What were we doing with a \$6.9 billion savings in what was supposed to be a budget-neutral rule?'"

HCFA currently is analyzing the plethora of other issues the record-setting number of comments raised, Dr. Wilensky said, adding that she actually was "glad" to receive such extensive input from physicians. Examples of areas HCFA is currently reviewing for possible change are fees for anesthesiology, EKGs, prescription drugs provided by physicians, global surgery and the infamous behavioral offset. She said each of these issues and many others are "under consideration," and will be part of the final rule published in the *Federal Register* this fall.

One result of correcting the final rule is that "the pay increases for family practice will be closer to the kinds of fee increases that were initially projected" in early discussions of RBRVS than were those released in June, Dr. Wilensky said.

Why the behavioral offset will stay

Although HCFA is reviewing the behavioral offset issue, an offset of some kind will be retained, Dr. Wilensky said, noting that just as Congress specified the system be kept budget neutral by not making spending cuts, it also intended that the Medicare physician line not increase. The behavioral offset is necessary, she said, because delivery of Medicare services is projected to increase. The AMA disputes this claim, however. (See story, page 1.)

She said some of these additional services can be attributed to growing patient demand for services that

HCFA officials predict will result as Medicare recipients face fewer charges when balance-billing limitations go into effect. In addition, coding changes associated with the new relative value scale system will result in additional claims, because physicians will be filing for some services differently, Dr. Wilensky said. HCFA also is sticking to its position that some physicians facing steep cuts in reimbursement may increase services such as office visits and tests.

"I have found physicians are even more concerned about the [paperwork] burden and the hassle factor than about reimbursement issues."

– Gail Wilensky, Ph.D.

"We take the direction to be budget neutral very seriously," she explained. "It was what drove us to make sure we found a way to get rid of that savings. It is equally important for us to make sure we [effect] the kinds of changes that our highest technical people believe are necessary for us to meet budget neutrality. So there will be behavioral offset. To the best of my knowledge, it will be as it was in the proposed rule [3 percent], although that is not an issue that we have to come to closure on right now."

During Congress' summer break, Dr. Wilensky said, she has traveled around the United States talking to

health care providers in rural areas in downstate Illinois, Wisconsin, Georgia and Wyoming. She said she has "frankly found practicing physicians quite understanding about the behavioral offset issue" when she explains that "we're not saying it's medically inappropriate that you're providing this care. We're saying that there will just be more [care] as a result of this [payment system] change."

Dr. Wilensky also said she is confident that RBRVS will correct many of the payment disparities between rural and urban physicians. And while physicians complain about reimbursement levels, she said, they are more worried about the rising influx of paperwork and government-imposed "hassles."

"One of the things that I have found is that physicians are even more concerned about the burden and the hassle factor than they are about some of the reimbursement issues," Dr. Wilensky explained, adding that she understood when physicians felt betrayed by the cost-savings aspect of the proposed RBRVS.

Dr. Wilensky has convened a committee under the supervision of her senior medical adviser to study the "hassle factor" and issue a report by year's end.

"When I go and speak I tell people that if they have specific ideas about what we can do to make the system run better, share them with us," she said. "I'm more than willing to reconsider what we are doing. I'm very upset by the frustration and the anger that we are causing our physicians and hospital administrators. You don't get a well-run program when that happens, and I am positive that we can do things better." ▲

The second part of this interview will appear in the next issue of Illinois Medicine.

Physician Facts

Illinois women physicians by selected specialty

Specialty	Total women	Total physicians	Women as % of total
Family practice	440	1810	24%
General surgery	113	1375	8%
Internal medicine	858	3994	21%
Ob/Gyn	392	1347	29%
Orthopedic surgery	8	676	1%
Pediatrics	708	1602	44%
Psychiatry	333	1145	29%
Urology	4	322	1%

Source of data: The Illinois State Medical Society as of Sept. 10, 1991; The American Medical Association as of June 8, 1991.



Eugene P. Johnson, M.D. (left), and George T. Mitchell, M.D., attended the American Medical Association-sponsored conference on rural health care access issues. Both Dr. Johnson and Dr. Mitchell were recently appointed to the Illinois State Medical Society Health Care Access Committee, which Dr. Mitchell will chair. ▲

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Low state revenues slow Medicaid payments to physicians

by Tamara Strom



THE HEALTH OF Illinois' state budget is worse than anticipated, complicating the process of paying off Medicaid physician bills for services provided during fiscal 1991, according to state officials.

With state revenues for sales and corporate taxes not meeting even the lowest projections for this year's budget, the state treasury in August reached its lowest total ever, with only \$7 million on hand in the general funds account.

This meager amount included the revenue boost of a short-term \$185 million loan Gov. Jim Edgar approved in August, some of which he said would be used to pay health care provider bills. But once the \$185 million was deposited into the state's bank accounts, it was spent "within hours," with an undisclosed amount being used to pay doctor and hospital charges for Medicaid services, according to Jann Ingmire, a spokesman for Comptroller Dawn Clark Netsch's office.

Currently, the comptroller's office is about 4½ months behind in paying fiscal 1991 bills, with about \$700 million in unpaid health provider bills in the hopper from fiscal 1991 and 1992.

"We're still paying off services that were rendered in the spring," Ingmire said. "We're paying the bills as we can, trying to take care of those who need it most, such as public aid recipients on Aid to Families with Dependent Children, pharmacists, hospitals."

The state treasury in August reached its lowest total ever, with only \$7 million on hand in the general funds account.

Of the approximately \$700 million owed to health providers, \$50.7 million is earmarked for Illinois physicians for care provided to Medicaid patients in fiscal 1991, according to the Illinois Department of Public Aid. As of Sept. 6, about \$38.8 million in bills for physicians had been approved for payment by IDPA. The remaining \$11.9 million in physician claims will be processed "as soon as we can," said IDPA spokesman Dean Schott. "Of course, payment of all these bills is contingent on the general revenue funds [being available]."

Which is precisely the problem. Because of the state's cash flow crisis, only about \$15 million in physician claims had been paid as of Sept. 9. The comptroller's office was holding an additional \$8.6 million in approved claims, but was waiting for revenues to trickle in to cover the physician checks, Ingmire said. "Right now, we have to wait for the economy to turn around," she noted.

In addition, on several occasions the comptroller's office has told

IDPA to stop sending processed claims for payment because of insufficient room to house the boxes of claims. The state's Bureau of the Budget regulates how much money in claims IDPA may send to the comptroller in a given day, IDPA officials said.

IDPA officials said that once an approved claim is delivered to the comptroller for payment, currently about 20 days elapse before it is paid. The \$294 million appropriated for the fiscal 1992 physician line can only be spent to pay off last year's bills as revenue is collected by the state. Moreover, no physician bills

for services rendered after July 1 (the start of this fiscal year) can be paid until the fiscal 1991 bills are taken care of.

IDPA estimates that it will begin processing July bills for fiscal 1992 in September. By the end of October, with the approval cycle nearing 60 days, IDPA should be processing claims submitted in the beginning of September.

So while IDPA is making considerable headway in lowering the approval cycle, sluggish revenues prevent the comptroller from writing checks to individual physicians for those claims.

Because IDPA stopped processing claims in May, when the fiscal 1991 appropriation ran out, no claims were approved until early August, just after this year's budget was enacted. The first claims paid with funds from the fiscal 1992 appropriation were mailed the second week in August, IDPA said. Some of these claims dated as far back as January 1991.

To handle the logjam of claims, the department hired temporary employees to process claims seven days a week to help catch up, officials said. ▲

Blue Cross[®] Blue Shield[®] **REPORT** *FOR Illinois Physicians*

GLOBAL SURGICAL "PACKAGE" POLICY

The Health Care Financing Administration (HCFA) has instructed carriers to begin implementation of the global surgical policy. The first phase of the implementation includes providing the following information about the use of split modifiers. Other instructions will be published as soon as HCFA releases the information.

Surgeons have traditionally provided a "global package" of care. Under this concept, surgeons bill a single fee for all services usually associated with the surgery. The implementation of the Medicare Fee Schedule under Physician Payment Reform requires all Medicare carriers to adopt uniform payment policies, including a uniform global surgical package. This means Medicare payments for a given surgical procedure will be for the same package of care, regardless of which carrier makes the payment. These new uniform definitions will be explained in a future article.

This article explains how physicians must report their services when they provide only part of the care in the global surgical package. This can happen, for example, if one physician does the surgery but another physician provides the post-operative care.

In these situations, it is important that each physician correctly report the services rendered so that the correct Medicare payments will be made for each claim upon initial submission. This will avoid the need for future documentation development, financial offset, and unnecessary appeals. Medicare will pay only the same total amount as would have been paid if one physician provided all of the care regardless of the number of care givers.

By September 1, 1991, physicians should use the following CPT coding modifiers to identify the services furnished:

- o Surgical care only.....modifier 54
- o Post-operative management only.....modifier 55

The following examples illustrate the proper use of CPT modifiers 54 and 55.

o When a surgeon performs a coronary artery bypass, autogenous graft, single graft, and a cardiologist performs the post-operative management, the surgeon must bill using code 33510-54 (for both pre-operative and intra-operative services), and the cardiologist must bill using code 33510-55.

o When an ophthalmologist provides the pre-operative care and evaluation and performs an intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure), and an optometrist provides the follow-up management, the ophthalmologist must bill using code 66983-54, and the optometrist must bill using code 66983-55. (This applies in states where optometrists are permitted to render post-operative care.)

By examining claims from multiple physicians for the same surgery, the Medicare carrier can identify claims that are submitted without the appropriate modifiers. If payment has erroneously been made for the full global package, the carrier must recover the overpayment. A physician who reports to have provided the full global package of care but, in fact, provided only a portion of care is, in effect, submitting claims for care he or she did not provide. The success of Physician Payment Reform requires that all carriers use standardized coding policies. This will enable carriers to process Medicare claims with greater consistency and accuracy.

The definitions of the modifiers and the procedure code terminology in this article are from the Physician's Current Procedural Terminology, Fourth Edition, Copyright 1991 by the American Medical Association (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians.

(9/27/91)

Editorial

95,000 is not enough

We tried letters – in fact, medicine dropped over 95,000 letters on Washington expressing the profession's outrage at HCFA's RBRVS proposal. HCFA Administrator Gail Wilensky could qualify for the *Guinness Book of World Records* if they have a category for "person who got the most mail in the last 60 days." Members of Congress would probably run a close second.

Last week it seemed HCFA was backing down. Changes would be made, said unnamed sources to powerful media types, that would render the proposal budget neutral. In an interview with *Illinois Medicine* that begins in this issue, Dr. Wilensky offers no excuses and no apologies for the first insulting draft of the RBRVS proposal, but somehow manages to make it sound like budget neutrality was HCFA's intent all along.

Then she says that the behavioral offset factor, the most onerous and despised feature in the RBRVS draft, will stay.

That's not good enough. The AMA has rejected the HCFA revised version of RBRVS and, in full war paint, has gone to Congress for legislative relief. Congress passed this law, is the reasoning, and it's Congress' responsibility to clean up the mess HCFA has made of it.

95,000 letters, it's clear, aren't enough.

In light of this, the expansion of the Society's Washington presence is welcome news. Perhaps the first message we'll ask our leadership to take to the Capitol is the one made famous in the movie *Network*. You know the one – the doctors of Illinois are mad as hell. And we're not gonna take it anymore.

Not so very different after all

In recognition of "Women in Medicine Month," *Illinois Medicine* salutes the women physicians of Illinois, particularly the 3,000 members of the Illinois State Medical Society. For the special feature that begins on page 10 we interviewed eight of those members about their experiences in medicine. What we learned from them is both surprising and heartening: They know they're different – but not that different. By and large, they've been well treated by the profession and their male colleagues; they want to be treated as physicians, not role models or representatives of feminism; and patients increasingly disregard gender in selecting their physicians. The eight women we interviewed represent a wide range of ages, geographic location and practice types, and their voices reflect both the diversity and homogeneity of their experiences. We salute them and their counterparts across the state for their contributions to their profession, their gender and their patients. ▲

Illinois Medicine

VOLUME 3, NUMBER 18

SEPTEMBER 27, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

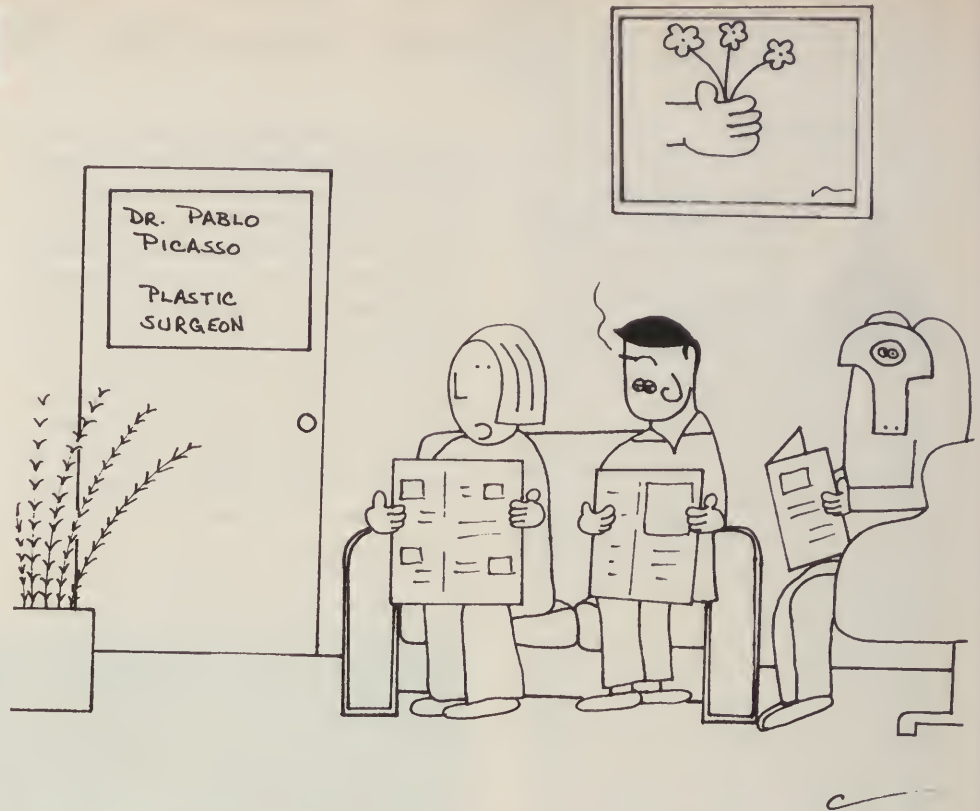
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.



President's Column

Thank you, Mr. Webster



Robert M. Reardon, M.D.

What is medicine? It is our business, our livelihood, our passion and our calling. It is how we spend our days – often it disturbs our nights. It is an ever-changing kaleidoscope of activity, concern and reward. What exactly is medicine? I went to the dictionary to see what Mr. Webster had to say.

I turned first to the definition of *service*. The primary definition cited "help, use and benefit" as characteristics of service and concluded with "a helpful act," "a contribution to the welfare of others." This begins to describe what we do and why we do it – but it is incomplete. (I didn't know whether to laugh or cry over the final definition of service – "useful labor that does not produce a tangible commodity.")

Turning to the definition of *business*, I considered medicine as "an activity, commercial, industrial or mercantile, used as a means of livelihood." Business, Webster added, "typically involves some independence of judgment and power of decision."

The concept of business covers the financial and economic aspects of medicine and the concept of service describes the nature of our business – but our picture of medicine is still incomplete. Schoolteachers, bus drivers and insurance agents all provide service in their business – what is it that makes medicine special?

I turned at last to the definition of *profession*, and found my understanding of medicine encompassed there.

A profession, Webster tells us, is "a calling requiring specialized knowledge and often long and intense preparation, including instruction in skills and methods as well as in the scientific, historical or scholarly principles underlying such skills and methods, maintaining by force of organization or concerted opinion high standards of achievement and

conduct, and committing its members to continued study and to a kind of work which has for its prime purpose the rendering of a public service."

Yes, medicine is a business. The health care industry in this country is big business. Medicine provides jobs and helped cushion the impact of the 1990 recession. And yes, our livelihood depends on our conducting the business side of medicine in a sensible way – but that's not why we went into medicine.

And yes, we provide a service. But to the insurance companies and government agencies that would reduce us to "service providers" instead of "doctors," I say, "Look again."

I am a professional. You and I, as professionals, are committed to "high standards of achievement and conduct" other career choices neglect. We are committed "to continued study and to a kind of work which has for its prime purpose the rendering of a public service."

When we lose sight of these underlying concepts of medicine, we lose sight of that which shapes our conduct, directs our intellectual growth and models our behavior to standards higher than others. Being a professional is both what we are and why we do it.

Thank you, Mr. Webster. You said a mouthful. ▲

Robert M. Reardon, M.D.
President

A BRIGHT IDEA TO START WITH...



180^{mg}
Calan[®] SR
(verapamil HCl) 180 mg
SUSTAINED-RELEASE CAPLETS

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

Focus on Service program

(continued from page 1)

maintaining and improving the financial stability of the company," said Harold L. Jensen, M.D., chairman of the Exchange Board of Governors. "We feel we've achieved most of our goals in the area of tort reform, excepting only a cap on non-economic damages. That goal remains, and only awaits improved chances for success in the state legislature. The goal of superb service to our policyholders needs only our determination and that determination is here and now.

"I want the Exchange's image to be one of a friend who is remarkably competent at what it does," Dr. Jensen said, describing the new service initiative as "the natural 'next step' in the organizational growth and development of the Exchange."

The service project coincided with Dr. Jensen's election as chairman in April 1991. The management consulting firm of William E. Hay and Co. and the research firm of Coldwater Corp. were asked to evaluate policyholder satisfaction with Exchange levels of service and to make recommendations for improvement. Phase One of the study, completed in June, included focus groups with policyholders throughout the state and interviews with policyholders, board members and staff. Phase Two included development of specific recommendations for external and internal changes to implement the company's new service strategy.

'We want to go beyond success'

"We're a very successful and competent company, but we want to go beyond success," said Dr. Jensen. "In 1975, this company was formed by the Illinois State Medical Society because there was no other alternative. Other companies abandoned Illinois physicians when the numbers of malpractice suits and levels of damage payments soared. ISMS chartered the Exchange so that Illinois physicians would never again have to depend on commercial companies who, by their nature, care

more about profit than physicians.

"ISMS and ISMIE then embarked on tort reform initiatives that succeeded in stabilizing the professional liability climate. Over the years, ISMIE steadily improved its coverage and financial stability. Our policyholders today don't have to worry about whether the company will be here or whether money will be available for future payouts."

Third party payers, malpractice are both No. 1 hassles

According to Coldwater Corp., focus group discussions conducted with Illinois physicians showed that where once physicians considered the threat of malpractice to be their No. 1 problem, this worry now shares the spotlight with interference in the practice of medicine from the government and third party payers.

"We're a successful and competent company, but we want to go beyond success."

—Harold L. Jensen, M.D., Chairman,
Exchange Board of Governors

Focus groups revealed that policyholders who had been sued were pleased with the Exchange's aggressive defense, by and large. "ISMIE's philosophy of using local attorneys who are experts in malpractice defense has paid off," said Dr. Jensen. "Physicians rate the quality of their defense team high, and feel that the Exchange and its attorneys have been competent advocates. Policyholders look to the ISMIE defense team to protect their professional reputation, their livelihood and their self-esteem," said Dr. Jensen.

In addition to strong advocacy, physicians rate physician ownership of the company as one of the factors they like best about ISMIE. Many

policyholders know board members and practice with them, often in the same hospital or county. They consider proximity to leadership a plus for obtaining firsthand information and support, according to the Coldwater research. "Because we are a physician-owned company, policyholders expect more from us. The level of expectation is beyond simple competence; we have to be friends and champions to our policyholders," said Dr. Jensen.

'We must serve as well as supply'

According to William E. Hay and Co., ISMIE is in the "help me," "fix it" and "be nice and be on my side" business. In this age of high technology and computerized communications, service has become the management watchword of the '90s. "High touch," or the personal element of service, is increasingly required to offset the impersonalizing effects of "high tech," the Hay report notes. "The fewer contacts physicians have with the people of ISMIE, the more important the quality of each contact becomes. All contacts with an organization are a critical part of the perceptions and judgments about that organization."

In interviews, Hay learned that board members are proud of the company's financial accomplishments and growth, but are worried that the sheer number of policyholders may limit the company's ability to provide personalized service. Most board members rate highly the ISMIE product and believe that service excellence does not have to decline just because the company has grown. Board members believe strongly that physician ownership carries a responsibility to offer a high level of quality service to policyholders. In addition, board members told Hay that they expect their own company to give each policyholder caring, personal service, and that each contact with the company would give policyholders the sense that the company is their strong ally.

Turning the reports into a concrete service strategy for policyholders will require the efforts of the

entire staff, notes Alexander R. Lerner, ISMS executive vice president. In his role as Secretary-Treasurer for Illinois State Medical Insurance Services, the operating arm of the Exchange, Lerner is responsible for the staffing and day-to-day management of ISMS, ISMIS and ISMIE.

Staff steering committee to implement recommendation

"At all levels, the staff must be dedicated to serving the physician members and policyholders," Lerner told *Illinois Medicine*. "Our goal is a staff with an ongoing commitment to meeting the needs of the policyholder. To succeed, this project will require the enthusiasm and support of every employee. Staff members must believe their extra effort will make a difference. We hope that our policyholders recognize that difference immediately."

Lerner has appointed a staff steering committee to implement specific recommendations in the Coldwater and Hay reports and to monitor quality in the service initiative.

"I see this program as a permanent, company-wide, internal and external effort to give our best to the people we work for: the physicians of Illinois," Lerner said. "My own role will be to translate the needs and goals of the three boards (Society, Exchange and Insurance Services) into action plans."

"Both Hay and Coldwater will continue to participate as consultants in this ongoing project," Lerner added. "Their independent perspectives are valuable as we fine-tune our program. However, it's the input from the doctors that provides the flesh and blood of this program. For that reason, we've asked Coldwater to continue surveying policyholders on their satisfaction with our service as this program unfolds."

In the coming weeks Coldwater will conduct telephone surveys of policyholders to determine expectations, priorities, attitudes and concerns of those members currently insured with the Exchange. Survey results will serve as a benchmark.

The Exchange Board of Governors will be continually updated on the program, Dr. Jensen said.

"As board members we are accountable to those who elected us, the policyholders of the Exchange," Dr. Jensen said. "But it is my belief that we must go beyond accountability. We must be visible and accessible and knowledgeable if we are to serve our members to the absolute best of our ability. The commitment to service must involve the Exchange at every level, and the Board of Governors must lead by example."

The service initiative was introduced to Exchange and Society employees at an all-employee meeting Sept. 24. "This project has been enthusiastically approved by the Exchange Board of Governors. The time has come to put our commitment to service into action," Lerner told employees.

"Illinois physicians are facing unprecedented hassles from the government and third party payers," Dr. Jensen told the staff. "I don't want the Exchange to be part of that hassle. I want the Exchange to be a dependable, trusted port in the storms physicians face." ▲

Worryproof Your Retirement

Will you be able to pay for your retirement?

Living expenses, insurance, taxes... The cost of living increases every year. On a fixed income, you have to consider the effects of inflation, and the possibility of a long life after retirement.

Let AMA Investment Advisers help you plan to maintain your lifestyle throughout retirement. Attend our one-day financial planning workshop on:

Investment and Retirement Planning

Learn how to make the right choices when confronted with inflation, investment alternatives, rising health care costs and estate planning issues. Find out about retirement fund distribution options, their tax consequences and which option is right for you.

For free agenda information or to register, call 1-800-262-3863. Seating is limited, so call today!

The fee is \$175 for AMA Members (\$195 for Non-Members). The fee includes lunch, workbook, individual retirement analysis and personal planning consultation. Spouses are encouraged to attend at no extra cost.

Upcoming Seminars:

October 9
Chicago, IL

October 16
Northbrook, IL

October 23
Lansing, IL



AMA Investment Advisers, Inc.

The Financial Services and Investment Counseling Organization Owned by the American Medical Association.

ISMIS Chairman Robert C. Hamilton, M.D., dies

ROBERT C. HAMILTON, M.D., chairman of the Illinois State Medical Insurance Services Board of Directors, died Sept. 13 at Resurrection Hospital after suffering a heart attack at O'Hare Airport. He was 58.

"His many friends will remember Dr. Hamilton for his puckish sense of humor and his love for the English language," said Harold L. Jensen, M.D., chairman of the Illinois State Medical Inter-Insurance Exchange Board of Governors. "But mostly he will be remembered for his unflagging enthusiasm for the interests of the Illinois State Medical Society."

Dr. Hamilton, of Chicago, a board-certified orthopedic surgeon, was president of ISMS from 1984-1985,

and the Chicago Medical Society from 1981-1982. He had also served as a member of the Exchange Board of Governors. At the time of his death, Dr. Hamilton was a member of the ISMS Board of Trustees and was a delegate to the American Medical Association.

Involved in sports medicine since 1969, Dr. Hamilton was team physician for the DePaul University Blue Demons basketball team, as well as for Gordon Technical High School, Lane Technical High School and St. Rita High School.

Born in Evanston, Dr. Hamilton received his medical degree from the University of Illinois College of Medicine at Chicago in 1957, and did his residency in orthopedic

surgery at the University of Illinois from 1958-1962. He was a clinical professor of orthopedics at the University of Illinois at Chicago at the time of his death, and had served as chief of orthopedic surgery at St. Joseph Hospital, where he was an attending physician.

As a captain in the U.S. Naval Reserve Medical Corps, Dr. Hamilton served with the 1st Marine Division from 1967-69. He won the Bronze Star for action in Hue during the 1968 Tet offensive during the Vietnam War. After leaving active duty, he continued on active reserve until 1982. ▲



Robert C. Hamilton, M.D.

Policyholder relations division celebrates first anniversary

by Anna Brown

SEPT. 1 MARKED the first anniversary of the policyholder relations department of the Illinois State Medical Insurance Services, the operating arm of the Illinois State Medical Inter-Insurance Exchange. The department primarily supports both the Claims and Underwriting divisions, providing policyholders prompt and courteous responses to questions and serving as the initial contact for incident and complaint reporting.

"The policyholder relations department was created in response to a perceived need to 'reach out and touch' our policyholders," says Boyd E. McCracken, M.D., chairman of the Exchange Policyholder Services Committee. "Developed this past year as a more expeditious method of handling policyholder phone calls, its function is to facilitate contact between technical staff and our policyholders. From my viewpoint, the department has proven extremely valuable."

The policyholder relations department addresses a need by providing each caller a speedy response to questions and concerns, not only about claims and underwriting, but other areas as well.

The department's five-person staff fields an average of 50-75 calls per day. Half of the calls are the result of notification of legal action against a policyholder. Physicians are strongly urged to report any incidents or communications, such as a patient requesting medical records, a patient complaint, a summons or an attorney's lien.

When a policyholder reports a potential claim, a notification file is established, with all pertinent information on a specially designed data base. Copies of any documents the policyholder has received are also requested for the file. When the initial information has been collected, the file is assigned to a professional liability analyst.

Previously, such calls were routed directly to claims analysts who took the information and handled the entire case. Establishing the policyholder relations department, along

with its new computer tracking system, streamlined the process.

The department also provides a training ground for future claims analysts and underwriters. Staff members are encouraged to apply for positions in these divisions and are cross-trained in both areas.

Department staffers report that the volume of calls is "cyclical," with the heaviest times around policy renewal periods, especially July 1. As a "catch-all" department, the staff researches answers to questions they cannot answer immediately. Transferring calls is a last resort.

Sometimes the department gets requests for statistics, such as the number of physicians sued in Illinois during a particular year. Other unusual calls may have little to do with malpractice coverage. For example, one caller could not meet state requirements for space for a wheelchair ramp she wanted to build at her facility. She went ahead with the construction, but was afraid it might affect her premium. The policyholder relations department was able to allay her fears.

Data Bank responsibility

The policyholder relations department also reports all claims closed with indemnity to the National Practitioner Data Bank and the Illinois Department of Professional Regulation, as required by federal and state laws. To date, the department has processed more than 300 reports to the Data Bank and IDPR; those reports include brief synopses of the claims and the parties involved. The physician named in the claim receives a copy of the report to review for accuracy.

Dr. McCracken says that department responsibilities will be added as ongoing Exchange studies clarify the areas of greatest need.

"Policyholders can best make use of these services by being aware that they exist," he says. "The Illinois State Medical Inter-Insurance Exchange makes every effort to provide policyholders with the best possible services. This department is a very valuable addition to the ISMIS administrative structure." ▲

YOCON[®] YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

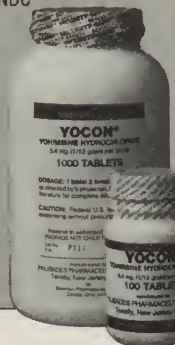
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Exchange Board Briefs

The Illinois State Medical Inter-Insurance Exchange Board of Governors met Sept. 13 at the ISMS Conference Complex in Chicago. Following are highlights of the board's actions:

Exchange approves nominating procedures

The Exchange will seek nominations for seven board spots early in 1992. Incumbent board members with terms expiring in 1992 are Richard A. Geline, M.D., of Skokie; Henri S. Havdala, M.D., of Lincolnwood; Ross

N. Hutchison, M.D., of Gibson City; Harold L. Jensen, M.D., of Harvey; Boyd E. McCracken, M.D., of Greenville; Grover G. Sloan, M.D., of Carrier Mills; and Irwin A. Smith, M.D., of Northbrook. Seven of the 21 board members are elected annually by Exchange policyholders. The Exchange meets at least four times a year, and each board member also serves on an Exchange committee (Policyholder Services, Investment, Planning or Risk Management).

Exchange investments secure

The Exchange portfolio continues to

maintain an optimal mix of taxable and tax-exempt bonds and is "very secure," according to Investment Committee Chairman Robert M. Reardon, M.D. The return experienced for the first two quarters of 1991 was 4.6 percent for taxable bonds and 4.1 percent for tax-exempt bonds, with an overall return of 4.3 percent. These exceed comparable market indicators.

Exchange sponsors risk management, support programs

The Exchange's "Failure to Diagnose Cancer" risk management seminar is scheduled for Sept. 25 in Chicago. The program will be offered to policyholders in southern Illinois on

Oct. 3 at the Ramada Inn in Fairview Heights, near St. Louis. It is not too late for policyholders to attend the seminar in Fairview Heights. Call (800) 782-4767 to register.

The Exchange also approved programs to support newly sued physicians, scheduled for Oct. 23 in Oak Brook and Jan. 22, 1992, in Springfield. The two-hour programs, designed by the Physician Support Group, will provide information about the litigation process and support for physicians and their spouses who are going through the process for the first time. Physicians who were sued for the first time in 1990 and 1991 will receive invitations to attend. ▲



**MEDICAL
COLLEGE
OF WISCONSIN**

More than 500 physician specialists
working in partnership with area physicians.
1-800-472-3660

Medical College of Wisconsin physicians primarily practice at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

Transforming medical research and knowledge into new ways to care for patients.

Concerned about **CLIA?**

If you need help in preparing your laboratory for these federal regulations, contact us.

Our team of consultants is headed by Erlo Roth, MD, MBA, a pathologist with vast experience in managing office laboratories, and preparing them for licensure.

Other lab management services available:

- Space planning
- Billing
- Instrumentation
- Computerization
- Waste management

Hinsdale Pathology Associates

485 Frontage Road
Burr Ridge, IL 60521
(708) 986-0979

New Geneva hospital gears up for action

by Coral Carlson

SOME DAYS a hospital CEO has to dress for action rather than success.

That's why Craig Livermore, president of Delnor-Community Hospital, wore his jogging shoes to oversee the Aug. 31 transfer of 53 patients to the hospital's new Fox Valley facility from Delnor Hospital in St. Charles and Community Hospital in Geneva.

"We're very pleased the move went so smoothly," Livermore observed shortly after 10 a.m. "I didn't anticipate it would go as quickly as it did." The Saturday transfer had been scheduled to last until 5 p.m.

The new \$38 million hospital, located on 67 acres in a rapidly developing area on Geneva's west side, in the Fox Valley region, is fronted by new subdivisions and backed by cornfields. Construction of the 118-bed facility resulted from the 1986 merger of the two former hospitals into Delnor-Community Hospital.

Livermore said that extensive planning by five task forces, including one on patient care, resulted in the smooth transfer. Other factors included the careful timing of the move (the hospital's census is traditionally lower over the Labor Day weekend) and Delnor's active attempts to reduce the census from its daily average of 83. Elective surgeries in both facilities were also discontinued about a week before the move.

With staff members playing the roles of patients, the hospital conducted two simulated transfers to identify potential problems and determine the number of ambulances needed for the move.

"We actually brought the cart to the bed and went through the transfer process to see how it would work," recalled Livermore. He said that materials needed to carry each patient's belongings and chart, the route to the elevator and the elapsed time of the ambulance run were examined during the trial runs.

Patient opinion of the operation was universally positive. "The move couldn't have been better. It was absolutely perfect in every detail," said John S. Young, of Batavia. Young, a patient at Community Hospital in Geneva, was moved shortly after 9 a.m.

"My room [at Community] was in the middle of the corridor and I could see the other patients go by," Young said. "There was no distress. Everyone was happy, smiling. When I think of the management of a move like this, with sick people involved, it's unbelievable. I can't say enough about the staff. They're just wonderful."

Chris Walter, the first of six new mothers to be moved, said it was an experience she hadn't expected. Because her baby was not due for another two weeks, she said she expected to deliver at the new hospital.

"I'm glad we made it [into the new hospital] even for just one day," she laughed. The new mother said she was enjoying the new facility, observing that the patient rooms are larger

and more comfortable.

Physicians, too, said they are pleased with the new hospital. Obstetrician John Zito Jr., M.D., said, "I'm sure we're going to be happy down here and so will our patients." He described the new OB unit as being patient- and family-oriented with an unthreatening atmosphere.

The new unit will be more functional for both physicians and patients, Dr. Zito added. He cited central monitoring, which allows data to be relayed to physicians' offices, and larger, more efficient labor-delivery-recovery-postpartum (LDRP) rooms. One new element of the LDRPs, which the nursing staff gleefully

points out to visitors, is a ceiling-mounted delivery light system controlled by a "magic wand."

"The magic wand is actually a strobe-activated light used to control the ceiling lights," explained Judy Smith, R.N., director of the New Life Maternity Center. "As a result, the lights don't clutter up the floor space."

Significant improvements were also made in the new emergency room, according to Chris Oie, M.D., associate director of emergency medicine. He is particularly proud of the floor-mounted gas monoliths. They provide oxygen, suction, EKG and monitoring capabilities usually

handled by wall-mounted units.

"The monoliths were custom built," Dr. Oie explained. "We developed them to address the need for 360-degree access to critical patients." Dr. Oie said other improvements include positioning the unit's triage nurse station directly opposite the ambulance bay entrance and having nine of the 12 ER patient beds visible from the nurses' station. The three that are not visible are the gynecological, psychiatric and orthopedic beds.

Dr. Oie also relishes his new hospital office, which he shares with another physician. Noting that his previous office, also shared, was in a converted elevator shaft, he said, "We used to call it the Otis Office Plaza." He added he plans to enjoy the window of his new office. ▲



Above: Delnor President Craig Livermore dressed for action Aug. 31, when 53 patients transferred from St. Charles and Geneva to the new Fox Valley facility (left).



Above left: Chris Walter, the first of six new mothers to transfer to the new facility, with her daughter Kristin, said the new patient rooms are larger and more comfortable.

Above right: In the emergency room, Chris Oie, M.D., shows off one of the new custom-built, floor-mounted gas monoliths, which provide oxygen, suction, EKG and monitoring capabilities and allow for 360-degree access to ER patients.

Left: Jack Young, a patient from Batavia, said the move "couldn't have been better."

Right: Obstetrician John Zito Jr., M.D., says the new facility is more patient- and family-oriented, and features larger, more efficient labor-delivery-recovery-postpartum rooms.



Photos by Terry Vitacco

Illinois Medicine forum: Women physicians creating

September has been designated "Women in Medicine Month" by the American Medical Association. In observance, Illinois Medicine reporter Anna Brown asked eight practicing women physicians in Illinois about their views and experiences in medical school, practice, raising a family and other issues affecting women physicians. Participating physicians are profiled below. Responses have been edited for space.

How did your medical school and residency experiences compare to those of men?

Dr. Herbolsheimer: During my medical school years, during the Great Depression, I was the second of four children in private universities and professional schools simultaneously. As the eldest of the three girls, I knew that I would have to be the one to drop out if all the tuitions could not be met, because I had the most of the family resources at that time. So I went to the dean and told him my situation, and asked about scholarship help. He said he knew about my fancy grades — they were the best in the school — but the scholarship funds were very short, and they could not waste them on a woman.

On the first day of my internship in the office of the medical director, I was introduced to a colleague, a top honors graduate from Harvard Medical School, which was then all male. He was terribly handsome, and he turned kind of crimson and made a hurried

exit. I didn't know what got into the guy and I wanted to see more of him because he really was very tall and handsome. Months later, at Thanksgiving, he told me of that first day when he hurried to find his roommate to warn him that, "They've got women here! We'll not only have to do our own work, but half of theirs too!"

He found that the women carried their own share and then some.

Dr. Rodin: What I had against me was not so much my sex as my age. I didn't go to medical school until I was 35. I never got any overt discrimination. Nobody was overtly nasty to me personally, never. But surgery is a men's club. And a lot of what goes on with surgical residents is that you feel like you're in the boys locker room. It really is their territory. I didn't feel like it was fair for me to walk up and say, "You can't use four-letter words because I'm a girl." I wasn't comfortable with it. I started turning into "one of the guys," and I didn't like that.

Medical education is very military and it's very hierarchical. Men are used to it and they adapt to it. That's how male organizations run. Women don't choose to run things that way. Most women who went to medical school with me knew that, and they adapted to it. I had had a career before medicine where I was the boss. Academia is very entrepreneurial. You work for yourself and it's a much more collegial and horizontal organization.



Wm. Daniels/The Photo Partners

"Medical education is very military and hierarchical. Men are used to it ... women don't choose to run things that way."

— Miriam B. Rodin, M.D.

Dr. Holt: Within the profession there was considerable

discouragement from going into Ob/Gyn. Surgical specialties were generally considered off-limits to women. And there was a lot of pressure from the women's movement to get women involved in health care for women. There was pressure both ways from opposite directions.

At the training level, I probably had to work a little harder to prove myself. And there were a lot more questions as to whether women

About the panelists ...

Sara J. Fredrickson, M.D., is a general surgeon practicing in Carol Stream. She received her medical degree from the University of South Florida in Tampa in 1981.

"I knew I wanted to be in the medical field when I went to college," says Dr. Fredrickson. "I felt I was almost expected to do something professional. My father was a Ph.D. in education, and my mother was a teacher. I was always encouraged."

"I found on my rotations that I really loved surgery, I loved being in the operating room, even in the middle of the night. I loved being able to take action and treat people quickly."

Henrietta Herbolsheimer, M.D., of Chicago, graduated from the University of Chicago Pritzker School of Medicine in 1938. In her lengthy medical career she has practiced both academic and clinical medicine as an internist, and has participated in organized medicine at many levels.

Dr. Herbolsheimer says her decision to go to medical school came when she attended the Deutsches International Hygiene Festival in Dresden, Germany in 1930.

"I had no biology courses in high school, but in that exhibit, there it was! — all about human beings," she says. "What a challenge. After all, it was man, the human being, who created science and art and literature and the ancient civilizations that had been so stimulating to me."

Linda H. Holt, M.D., of Skokie, is an obstetrician/gynecologist whose University of Chicago Pritzker School of Medicine class was approximately 20 percent female.

"I decided to go into medicine in college during the late 1960s," says Dr. Holt. "It was really the first time there was a sense of the profession opening to women. I went to Yale, which had just opened to women. There was general encouragement for women who went to Ivy League schools to justify their educations by entering professions that previously had been closed to women."

Kathleen M. Kelly, M.D., is a solo practitioner in internal medicine in Rockford. She received her medical degree in 1982 from Albany Medical College in Albany, N.Y.

"I've always wanted to be a physician, primarily because I had a general practitioner who was a woman when I was growing up," says Dr. Kelly. "I had the image of physicians as female from a very early age."

Hilary B. Kern, M.D., of Chicago, is a resident in physical medicine at the Rehabilitation Institute of Chicago.

"Physical medicine and rehabilitation has been less gender-restrictive than other fields, such as surgical subspecialties," says Dr. Kern. "I chose rehabilitation medicine as a field that involves a lot of close patient contact."

Janice E. Overton, M.D., of Belleville, was one of five women in her medical school class of

1973 at the University of Michigan, Ann Arbor. She worked as a medical technologist before she entered medical school at age 29.

"I was originally interested in hematology/oncology because of my background," says Dr. Overton, "but in medical school you are influenced by people you meet who impress you as being knowledgeable." She currently specializes in pulmonary diseases.

Ann M. Pearson, M.D., is a pediatrician who has practiced in Springfield for more than 40 years. There were four women in her graduating class at the University of Chicago in 1947.

Dr. Pearson was always interested in the sciences, but only decided to pursue a medical degree when she received a scholarship applied for by a high school teacher without her knowledge.

She chose pediatrics in her last year of medical school because it was "primarily an area of preventive medicine in which I was interested, and I loved the kids."

Miriam B. Rodin, M.D., of Oak Park, was already established in a public health career at the University of Illinois when she entered medical school at the age of 35. "I made a kind of lateral move," she says. "I'm still an academic, and I'm still in research, but I really like the clinical work."

Dr. Rodin is beginning a faculty position in geriatrics at Northwestern University. ▲

new traditions

could "cut the mustard" in a surgical specialty. At the time, women were in a distinct minority. There was always a sense of having to perform in order to justify your existence as a female. I don't think the men had that.

Dr. Kelly: I don't think that I had any more difficulty than my male counterparts. I was in a class of 128 students, 28 of whom were female. Certainly we were in the minority, but we were a very close-knit group, as are most people in adverse situations. But I don't think my experience was any different from the men's. I felt absolutely no discrimination against me because I was a woman. Several of my classmates did experience discrimination, but not once in my education was I made to feel conscious that I was female. That's been my experience even in practice.

Have you had any firsthand experience with sex discrimination in medicine?

Dr. Pearson: There are some women who perhaps have endured male prejudices. I sometimes feel that they have made it difficult for themselves. If women try to be men, so to speak, I think they are doing themselves a disservice. Any little thing starts to be considered discrimination.

Dr. Rodin: When I was doing my surgical rotation as a medical student, at one point in the operating room my attending turned around and looked at me and said, "Why aren't you in the kitchen cooking?" I looked right back at him and I said, "Because I'm holding the liver!" He just brought right out in front what the issues were.

Dr. Kelly: There were occasional evaluations that would mention my sex, which I found humorous. For instance, during one of my cardiology rotations as a fourth-year medical student, one of the gray-haired senior cardiologists said that I was a "very good student, would be a solid physician, and she is very feminine and attractive too." Well, imagine that. Those things are discriminatory, but I don't think they got in the way of my progress as a physician. These people were just not used to women in medicine.

Dr. Kern: I did have an experience more recently during my internship at another hospital. A co-worker in a position of higher rank made sexist comments daily, and it definitely interfered with my work. I discouraged it early on in the rotation, but it became a problem. At that point I simply stood up for myself and

redirected the conversation toward focusing on our work. It resolved the problem. I think it was a very isolated situation that involved a very immature personality.

Dr. Holt: I think discrimination comes in a very subtle form. I don't think at any level

people are setting out to be discriminatory against women. If anything, the reverse is happening. Most people are consciously trying to bend over backwards to be non-discriminatory.

It's just that some of the bonds that develop into advancement occur out on the golf course, or through the "old boys network." What tends to happen is women are not advanced through the

normal channels, but are selected because they are female. They are put in spotlight positions. She's expected to represent her entire sex, and if she stumbles a little, that's used as an example of how women can't quite cut it. Yet, in reality, she was put in that position without having the opportunity to learn the ropes, and without the same support system and mentoring that men have.

Do you see any barriers against women in your daily practice?

Dr. Pearson: I never had any real problem here in Springfield. There were two male pediatricians in Springfield when I came in 1949, and another arrived around the same time. That made it three men to one woman, and I was the only woman for a long time. But I didn't notice any problems as a result of it. In fact there were some pluses. There were lots of young girls, particularly in their early teens, who preferred to go to a woman doctor.

Dr. Fredrickson: There was a little bit of a barrier in building a practice. As far as I know, I'm the only woman general surgeon in my county. Some of my colleagues refer me only patients who have breast diseases. They'll send a patient to me who has a breast lump, but they'll send a patient who has gallstones or colon cancer to one of my male colleagues. In

a way I think that's a form of discrimination.

Dr. Rodin: The only time there was pressure was when I felt that I needed to make it perfectly clear: "When I give an order, it's an order and you do it." Very often the nurses would question or shrug off an order from a woman house staff member. They wouldn't have done that for a man. They [the nurses] don't feel the social distance. They feel closer to the women and they don't feel the hierarchy the way they do with a man. I can't generalize this because certainly there are some women who have no problem with assertiveness. But I think if there is a problem with assertiveness, it is more often with women.

Dr. Kern: Your relationship and communication with the patient largely depend on how well you project competency and confidence. If you display your ability in solving medical problems, a strong relationship can be built.

Do you think patients should choose their physicians on the basis of gender?

Dr. Rodin: It depends on the circumstance. If it's the emergency room or acute care, the answer to that is, "If you want to see the doctor, I'm your doctor. Those are your choices." People have a right to choose their doctor. They have a right to not like you because they just don't like you, on whatever basis that is. You have to be comfortable with your doctor.

Dr. Holt: It's field specific. A fair number of Ob/Gyn patients do choose their physicians on the basis of gender. I would also say that preference has largely been developed in reaction to bad experiences with male providers.

What I think is sort of sad is that the current generation of male physicians suffers from the burden of the kind of treatment women received at the hands

of male obstetricians in the past. To be fair, that treatment reflected the times they were in and not the providers themselves.

My theory is that women will keep demanding women physicians until they decide that women are as good, bad or indifferent as the men. We will know we have really achieved when [gender] stops making a difference. The expectation is that women will be

more sympathetic and caring because they have been socialized that way. What we really need to do is socialize all doctors to be sympathetic and caring.

Dr. Kelly: Many women prefer to see a female physician. Women in general utilize the health care system much more than men, so even male physicians have more female pa-

(continued on next page)



American Medical Association

"I always found male patients to be comfortable in my examination room ... I never had anyone walk away because I was a woman physician."

— Henrietta Herbolsheimer, M.D.



K.C. Keefer

"A senior cardiologist said that I was a 'very good student, would be a solid physician, and she is very feminine and attractive too.' Well, imagine that."

— Kathleen M. Kelly, M.D.

Women physicians (continued from page 11)

tients than they do male patients. But I would say the majority of my practice is female. Not by my choosing, but by their choosing.

I'm perfectly happy taking care of women. I'd like to take care of more men, but that's a slower growth for a female physician's practice. The men that enter my practice tend to be liberated younger men or the spouses of female patients.

Dr. Herbolzheimer: I always found men patients to be comfortable in my examination room. Some patients, both men and women, said they were glad to find a woman as their assigned physician. I never had anyone walk away from me because I was a woman physician. I never stunted my examination of men patients because of the embarrassment that might come from examination of certain areas of the body. I examined them fully, and there was no embarrassment on either part.

An elderly pale, emaciated man came to the University of Chicago Clinics long ago, when I was senior student clerk in the outpatient department. He told me how glad he was to find a woman doctor, because when he was a young man, he went with a friend to a dissecting room at old Rush Medical School, and there among all the cadavers and men students was one lone woman at work. He admired such courage, and said to himself that if he ever became ill he'd want a woman doctor. He had no sickness until the moment we met, and he had me as his top outpatient clerk. I admitted him: He was deathly ill. By luck of rotation of cases, he got my roommate Ruth as his inpatient clerk. And by the same process, he got the only woman intern, Mary Ann, and the only woman res-

ident, JoAnne, and was on the hematology service, which was run by Ernestine, the only woman assistant professor at the time. This poor man had leukemia, and back then little could be done to help him. But he did get his wish about women doctors.

How does raising a family affect a woman physician's career?

Dr. Overton: There are more alternatives now for women who want to have a profession and raise a family. Also women are tending to start having families later in life, and that makes a great deal of difference as you're going through your training years. There are a lot more options in medical schools about time off for pregnancy leave or delivery, and there are alternatives to child care that weren't available 15-20 years ago.

Women who choose medicine have to understand what a consuming profession it is. They have a special obligation to pursue their profession in the fullest way they can. That isn't always easy when you have other commitments.



Mark Garrett/PCI

"... Every person in the operating room was a woman – the surgeon, the anesthesiologist, the scrub people – and the patient would look around and ask, 'Where's the doctor?'"

– Sara J. Fredrickson, M.D.

woman coming up probably as president-elect for next year. In other words, there were women here, but they weren't involved in the politics of medicine. They still aren't.

Dr. Overton: I would like to see women in more positions of administration in medical schools, department chairmen, or chairmen in private practice at their hospitals, and that's happening a little slower than it should be. I think it will happen over time that there will be more medical school deans who are female, and more chairmen of departments. But with the current proportion of women going into medical school, that's lagging behind.

How have stereotypes of women in medicine changed through the years?

Dr. Overton: I think it's changed over the last 15-20 years, and proba-

bly changed a lot in the last 10 years. In the new movie *The Doctor* one of the characters is a female in a commanding role as an ear nose and throat surgeon. On television there are more and more programs where women are portrayed in medical fields as physicians. It used to be just Dr. Kildare and Marcus Welby.

Dr. Fredrickson: There are several instances I can remember where every person in the operating room was a woman – the surgeon, the anesthesiologist, the scrub people – and the patient would look around and ask, "Where's the doctor?" I think that's changed. I see a future where almost every doctor is going to be a woman. That's a long time coming.

Dr. Holt: I think it's very hard to live up to stereotypes. Women physicians on television tend to perpetuate the tokenism because they are usually portrayed as superstars. They're absolutely gorgeous, smart, size 8. An average female physician has a lot of trouble living up to that kind of stereotype.

Dr. Kern: I think stereotypes in medicine definitely persist. People assume in daily social interactions that you are more likely to be a nurse than a physician. There's an 80 percent chance that someone's going to suggest that you're a nurse if you say you're in a medical field. It's very discouraging.

Dr. Herbolzheimer: Attitudes certainly have changed. But in my estimation, the chief change has come from women themselves. In the 1950s, and to a greater extent thereafter, I have perceived in women the realization that they could take on the challenges of medicine, law, business, the ministry, aeronautics. And society has changed too. Doors are open. Not yet wide open, but nevertheless open. Scholarships and loans are available for women and men. Not only do women do commendably in all fields of clinical practice, but they also are functioning well in administration, in government, in organized medicine, and slowly they're beginning to get ahead in academic medicine.

Based on the trends, I am sure that women in all fields of medicine will play an increasing role. And it is my hope that they will do so in a feminine way – gracefully, gradually, on the basis of their qualification and their dedication. ▲

Dr. Rodin: Part of it is, when you think about the life of a surgeon, you're going to be getting up in the middle of the night and running to the hospital at any hour. I know women surgeons who do that, but a lot of women decide that's too much of a strain on their families. On the other hand, women who go into primary care also get a lot of calls in the middle of the night. But surgeons spend tremendously long hours in the hospital. Unfortunately, even in the 1990s most of the family care falls to women. They have to make a decision whether they want to live like that.

Are women becoming more involved in organized medicine?

Dr. Pearson: I've been practicing here in Springfield for 40 years, but in 1986 I was the first woman president of the Sangamon County Medical Society. Now we've got another

PRIMARY CARE PHYSICIANS

Plan To Attend This Informative Conference

PANIC DISORDER IN THE PRIMARY CARE SETTING

Friday, November 8, 1991
Wyndham Milwaukee Center
Milwaukee, Wisconsin

~Featured Speaker~

Wayne Keaton, MD
University of Washington

Presented by
Medical College of Wisconsin
Department of Psychiatry and Mental Health Sciences
Department of Family Practice
and
St. Mary's Hill Hospital, Milwaukee

CME Credits Offered

To register or for more information, call
St. Mary's Hill Hospital, 414/271-5555, extension 270

Snapshot

Illinois Medicine asked Chicago residents near Northwestern Memorial Hospital:

Would you rather go to a male or female physician?



Judy Zalutsky, 54, business owner

"I've never thought about it. I've always had a male physician until recently, and I was very pleased with the female physician. They are both the same as far as I'm concerned. I really don't think there is a difference. It would be great if there were more women doctors. That would be terrific."



Dana Dean, 29, secretary

"I prefer female physicians because I'm female. I'm just a bit more comfortable with a woman. I feel somewhat nervous with a man, especially a gynecologist. I have a female physician now."



John Newman, 72, retired

"I prefer a male. I had a female physician at the hospital once. I didn't like the way she treated me. She didn't seem to know how to relate to a male patient for what I was in there for. Now I would always go to a male physician."



Betty Dunne, 77, retired

"I prefer a woman doctor because they have more compassion. Most men doctors feel women are neurotic. They pay no attention at all to what women say."



Valery Winkfield, 39, pharmacy technician

"It doesn't matter. If they're professional and they know what they're doing I feel comfortable with them. It doesn't matter to me."



Carl Pilger, 24, student

"I don't really have a preference. I generally go to whomever has more convenient hours. I've gone to both."

Interviews by Anna Brown
Photos by Alexandra Buxbaum

AMIC A D V A N C E D M E D I C A L I M A G I N G C E N T E R

The Advanced Medical Imaging Center
Announces the availability of

MRI

AMIC offers state-of-the-art in Magnetic Resonance Imaging. In addition to standard MRI examinations, MR angiography will be available.

Advanced equipment design allows improved patient comfort:

- ▼ Accommodates patients weighing up to 400 pounds
- ▼ Reduces patient apprehension and claustrophobia through:
 - ▼ Specially installed music system
 - ▼ Large diameter gantry

AMIC is a full-service facility committed to providing high quality imaging. Our commitment means:

- ▼ Convenient location and hours
- ▼ Fax reports within 24 hours
- ▼ Board Certified Specialists
- ▼ Registered and Licensed Technologists
- ▼ Courteous office staff
- ▼ Sensitive Patient Care

"Working with you to extend your reach of care."

Call today for an appointment or to request information.

(312)807-3555

Radiological Physicians Limited

Magnetic Resonance Imaging, General Radiology, Mammography, Ultrasound, Computed Axial Tomography and Nuclear Imaging.

Hours: Monday through Friday - 7:30 a.m. to 5:30 p.m. Saturday - 9:00 a.m. to 1:00 p.m.
The Garland Building, 111 North Wabash Avenue, Suite 620, Chicago, Illinois 60602

Board Briefs

The Illinois State Medical Society Board of Trustees met on Sept. 14 at the ISMS Conference Complex in Chicago. Following are highlights of the board's actions:

ISMS to participate in IDPA Drug Utilization Review

ISMS members will be nominated to a drug utilization review (DUR) advisory panel to the Illinois Department of Public Aid. This advisory panel will make recommendations concerning a state Medicaid DUR program intended to identify waste, fraud and abuse, and to perform retrospective and prospective DUR, as

well as to determine and improve overall quality of prescribing drugs in the Medicaid program. Federal law requires states to have such programs in place by 1993.

ISMS adopts tougher CME commercial support guidelines

ISMS adopted revised commercial support guidelines for CME that conform to the Accreditation Council for Continuing Medical Education (ACCME) guidelines that address growing public concern about the pharmaceutical industry's support of educational programming for physicians. While the new guidelines are more stringent, ISMS

previously had guidelines to protect its CME activities from undue commercial influence. Further, ISMS is also sharing the ACCME guidelines with other accredited interstate CME sponsors in Illinois for use in formulating stricter guidelines.

ISMS to seek unification in Medicare, Medicaid attestation statements

ISMS will ask the AMA to oppose the use of a statement attesting that the physician is not falsely billing for services in the Medicare programs. Physicians agreed this statement is especially onerous and assumes that without such a statement, physicians would submit false claims. ISMS will further seek to have the AMA ask the Health Care Financing Administra-

tion to make any attestation statements for the Medicare and Medicaid programs uniform in those states that have DRG-based hospital medical reimbursement systems. The Illinois Medicaid program is moving from a negotiated per diem payment rate for hospital services to a diagnosis-related group payment program, which requires a waiver from HCFA.

1992 mini-internships planned

County medical societies and auxiliaries will host eight mini-internships in 1992 in Adams, Kankakee, Macon, McLean, Peoria, Rock Island, St. Clair and Sangamon counties. Mini-internships foster better relationships between local physicians and opinion shapers, such as elected officials and media representatives, by allowing an intimate look at the practice of medicine.

ISMS seeks medical advisers for IDPR

ISMS will ask county medical and state specialty societies to provide ISMS with the names of physicians who would be willing to conduct psychiatric and physical evaluations, review cases for gross negligence and provide expert testimony in IDPR investigations of physicians. Physician advisers should be licensed in Illinois, board certified in the area of advisement, in active practice for at least five years, should not have been disciplined by IDPR and should be interested in serving.

ISMS seeks IDPH approval of EMS rules changes

ISMS has asked the Illinois Department of Public Health to make changes in its proposed rules to implement the Emergency Medical Services System Act. ISMS asked IDPH to allow patients a choice of hospital when being transported by ambulance, and expressed concern that the do not resuscitate (DNR) regulations need clarification. ISMS supplied a list of recommended clarifications to protect patients and physicians in emergency medical situations.

CCFMC corrective action plan

As a result of a recent HCFA review of Crescent Counties Foundation for Medical Care (CCFMC), Medicare's physician review organization for Illinois, CCFMC has developed a corrective action plan to address perceived deficiencies in generic screen failure, DRG validation and identification of quality issues.

ISMS studying health care proposals

The ISMS Council on Economics is studying the various health care proposals from elected officials, government and business to determine ways to better inform members about these proposals, and the concerns physicians should have about how they relate to medical care. ▲

For more information about issues, benefits and programs mentioned, write the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602 or call (312) 782-1654 or (800)-782-ISMS.

"Can They Take Care of Everything?"



DMH has our area's only comprehensive cancer program — everything from research, education and screening for early detection to treatment and support.

When one of your patients requires cancer treatment, you can feel confident they'll receive the best care at Decatur

Memorial Hospital's Cancer Care Institute. Our comprehensive program applies a multi-disciplinary approach.

It includes diagnostic capability, advanced technology and nationally affiliated research. You can rely on more than 20 years of expertise.

Call the DMH Cancer Care Institute. Because now is not the time to take chances.

Call: 217-877-8144 ext. 2380

Monday - Friday, 8 a.m. - 5 p.m.

Because now is not the time to take chances.

dmh CANCER CARE
INSTITUTESM

Serving the region for more than 20 years.

a service of
Decatur Memorial Hospital
2300 North Edward Street
Decatur, Illinois 62526

Caremark investigated for safe harbor rule violations

by Tamara Strom

THE U.S. OFFICE of Inspector General wastes no time. Just 10 days after the release of its final "safe harbor" regulations, the OIG subpoenaed the fee-for-service arrangement records of Chicago-based Caremark Inc. to determine if payments made to physicians monitoring home care patients constitute kickbacks. Caremark is a subsidiary of Baxter Healthcare Corp.

When the safe harbor rules were issued July 29, they outlined 11 legal referral, investment and reimbursement arrangements for health care providers treating Medicare and Medicaid patients. The narrowly drawn safe harbors do not, however, address fee-for-service and consulting arrangements such as those Caremark enters into with physicians for home care. Caremark officials maintain consulting fees promote "physician expertise" in the home care of patients.

Although some earlier drafts of the safe harbor regulations contained fee-for-service consulting provisions, Caremark was "not surprised when the final regulations did not include fee-for-service," said Baxter spokesman Les Jacobson.

But "without so much as a hello," the OIG subpoenaed all of Caremark's financial records and copies of physician contracts for the company's "quality service arrangements" (QSA) for home care patients dating back to 1988. Caremark has been a Baxter subsidiary since 1987.

As a result of the OIG investigation, 40 Illinois physicians, and another 760 physicians around the country, will not receive weekly payments of between \$12 and \$150 after Oct. 1 for monitoring their Medicaid and Medicare patients who are cared for at home by Caremark, company officials said.

The weekly payments are "fair compensation" for doctors who participate in the home care of patients receiving such treatments as total enteral and parenteral nutrition, chemotherapy, antibiotic IVs and pain control, Jacobson said. He called the company's decision to cease the physician payments a "conservative" action, and said the moratorium on payments will stand until the legality of such arrangements is determined.

"We believe strongly that physicians should be involved in home health care," said Caremark President and Chief Executive Officer Charles H. Blanchard in a prepared statement. "Unlike what happens in hospitals, no reimbursement is available through Medicare or Medicaid to physicians who support home care patients. We will actively seek clear regulations that enable physicians to play an integral role in providing high-quality, cost-effective care to Medicare and Medicaid patients."

Jacobson said a clarification of the government's position on physician payments is in order. "Whether the executive or legislative branches want to do something to suggest a new safe harbor that includes these arrangements, or suggest a modification to these agreements that would be legal, we'll have to wait and see," he said. "But until this is decided, we are going to strenuously defend the

right of doctors to receive fair compensation for treating their patients at home. We believe this is an important issue and represents good medicine."

According to an OIG spokesman, the Caremark inquiry is the only investigation the government has so far launched under the safe harbor regulations. He said, however, that he has not seen the current department work order and cannot say for certain this is the only investigation OIG will undertake of possible safe harbor violations.

"We've been interested in examining these types of arrangements for a while," the OIG spokesman said, adding that Caremark was selected

because it is one of the largest companies of its type using such financial arrangements with physicians. "We're just taking a look to see what's going on over there. We don't know what we expect to find at this point."

CAREMARK

Affiliate Baxter Healthcare Corporation

The OIG's intent, he said, is to determine if the fees are legitimate payment for physicians' services or if the fees are made only as a means to encourage doctors to "steer their patients to Caremark." The OIG said it is not implying that Caremark is engaging in any wrongdoing. "We just want to find out exactly what the money is being paid for," he said.

Caremark has endured two previous OIG investigations of its QSA

program at its branch offices in Kansas City and San Francisco, Jacobson said. No penalties were levied in either case, he noted.

"We believe it is an important principle to involve doctors in patients' home care, and we feel the fee-for-service program was structured to do just that," Jacobson said. In addition, with the practice of prescribing home care becoming more commonplace, the need to pay physicians for their services will become more pronounced, he said.

"All Caremark patients receive the same standard of care," he said. "What's missing without the [quality service arrangements] is the doctor's involvement, which adds to the patient's care." ▲

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Office Manager/Contact Person: _____

Options:

Practice Name: _____

☐ Dental

Street: _____

☐ Disability

City/State/Zip: _____

☐ Life

Telephone: _____

☐ Dependent Life

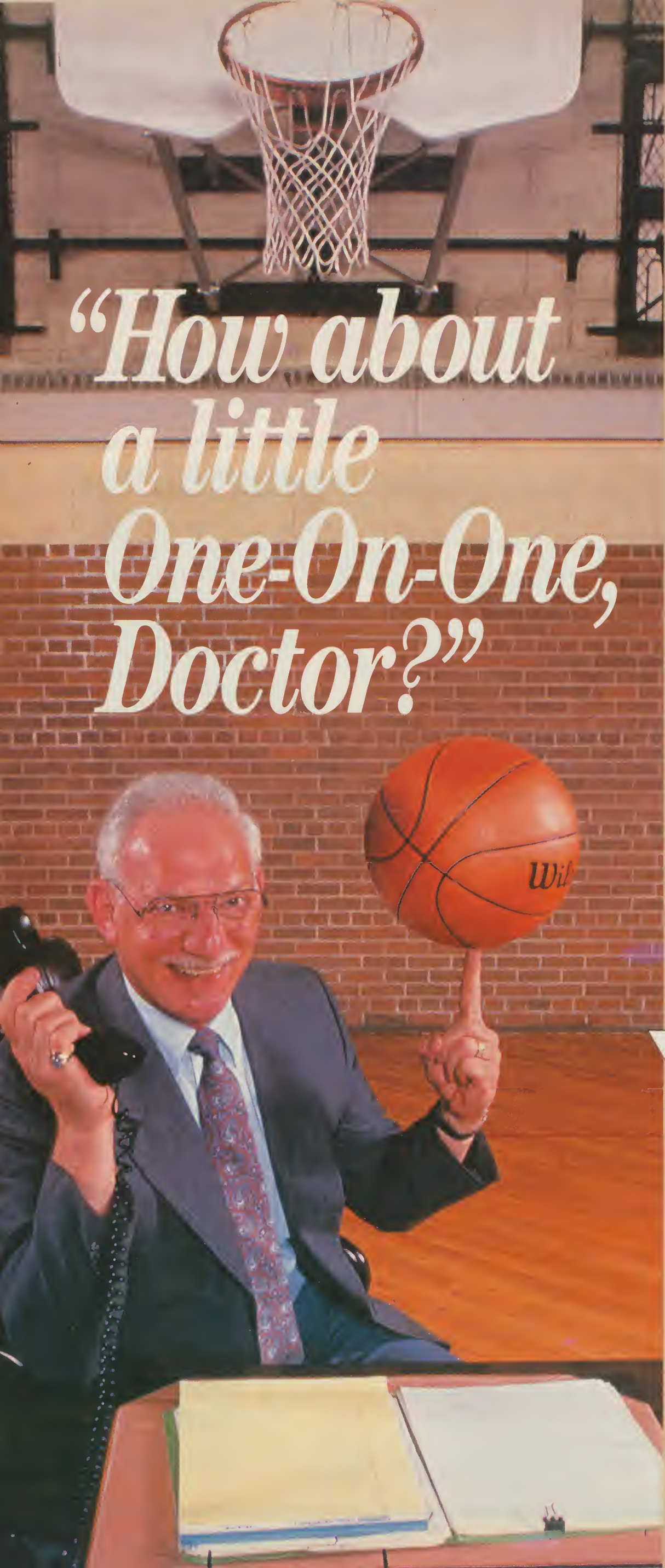
Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society



“How about a little One-On-One, Doctor?”

Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,000 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go "one-on-one" with the president of any other insurance carrier. Then call Henry.

P.S.—We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195
Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

a fallback measure in case the administration did not reflect congressional intent of a budget-neutral payment reform system in its final rule. Stark, never considered a friend of organized medicine, agrees with the profession that a behavioral offset is unnecessary.

During his introductory remarks for H.R. 3070 July 29, Stark said the problem with the offset is that it is prospective. Anticipating some volume increases when payment reform was enacted, he said, Congress included a provision in the statute establishing Medicare volume performance standards.

The MVPS annually evaluate the growth of Medicare expenditures, a retrospective analysis, he said. If

costs exceed the budget targets, spending will be reduced.

"If the clarifications in this bill result in higher costs, I will work with my colleagues to recoup these costs through the MVPS system," Stark said. "If payments to physicians do not increase, then this bill will have saved the payment reform movement and kept our promises to our physician community."

To garner support for H.R. 3070 and a companion measure to be introduced shortly in the Senate, the AMA and the Illinois State Medical Society urge physicians to keep pressure on Congress to lift the onerous behavioral offset and sign on as co-sponsors of the legislation.

"The 95,000 letters physicians sent to HCFA generated enough pressure to put the nearly \$7 billion in so-called savings back into RBRVS, but

we need to mount a greater offensive now to keep the unseemly behavioral offset out of the payment reform system," said ISMS President Robert M. Reardon, M.D. "The administration believes that RBRVS is budget neutral when the out-year savings are restored, but medicine does not agree with that interpretation. Physicians are concerned and upset that HCFA remains committed to both the behavioral offset and the volume performance standards. Medicine will not rest until this flaw in payment reform is corrected."

Dr. Reardon stressed that physicians provide only appropriate care for their patients regardless of the reimbursement they receive.

Efforts by Illinois physicians to convince U.S. House Minority Leader Robert Michel (R-Peoria) and U.S. House Ways and Means Com-

mittee Chairman Dan Rostenkowski (D-Chicago) about the need to correct RBRVS have been successful up to now, Dr. Reardon said. Several letters from influential congressional committees were sent to the Department of Health and Human Services, which oversees HCFA, to protest the proposed RBRVS rules. But support in the U.S. Senate also is needed now if a legislative remedy is to be successful, he said.

"We still have a formidable task ahead of us," Dr. Reardon said. "The behavioral offset cannot be permitted to stay, and we must make our case clearly and strongly to those in Congress who can aid our cause. We must flood the congressional office buildings on Capitol Hill with letters asking for support of H.R. 3070, which does away with this onerous behavioral offset." ▲

Washington presence

(continued from page 1)

late October. The visit is the first step of an 18-month plan to expand a cadre of ISMS physician leaders familiar with and influential with key Congressional and administration leaders. Thompson's stature as an Illinois leader and his contacts with key personnel in both the legislative and administrative branches of the federal government will help guide the ISMS program.

"We cannot expect immediate results," warned Harold L. Jensen, M.D., chairman of IMPAC, the Society's political action committee. "We don't expect that our first visit – or even our first year of contact – will turn elected officials around on our issues. This is more a gradual process of letting Washington know how strongly Illinois feels about medical policy emanating from the federal government."

The program approved by the board is preliminary and will be refined based on feedback as the program develops.

"Our list of concerns is quite specific," said Robert M. Reardon, M.D., ISMS president. "The recent Helms amendments that passed the Senate with no opposition are just one example of how national federal activities affect physicians in Illinois. Other issues we're obviously concerned with include health care reform, tort reform and professional liability issues, Medicare and Medicaid budget issues and, of course, RBRVS."

"If for no other reason than RBRVS, the physicians of Illinois need to know their voices are being heard in Washington," he concluded. "This program is designed to complement the AMA's efforts in D.C. and to bring the voices of Illinois doctors, their concerns and their ideas, to their elected representatives and to the chief influences in Congress."

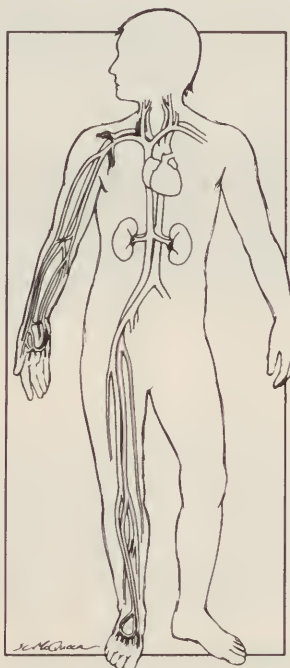
"Our efforts are not intended to compete with the AMA's efforts in Washington," Dr. Reardon stressed. "Rather they are intended to complement the AMA's efforts by bringing the special interests and special strengths of Illinois medicine to the capital. ISMS discussed the Illinois program with AMA Executive Vice President James S. Todd, M.D., in early September."

ISMS leadership will make the initial Washington tour. Future meetings are planned for 1992 with additional physician members. ▲

CURRENT THERAPY FOR PERIPHERAL VASCULAR DISEASE: FOURTH ANNUAL SYMPOSIUM

ST. LOUIS, MISSOURI

SATURDAY, NOVEMBER 2, 1991



PRESENTED BY:

CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST

PROGRAM CHAIRMAN: SAADOON KADIR, M.D.

(314) 653-4300

FACULTY

Alfredo Galan, M.D.
Christian Hospital Northeast-Northwest
St. Louis, Missouri

Saadoon Kadir, M.D.
Director of Interventional Radiology
Christian Hospital Northeast-Northwest
St. Louis, Missouri

Franklin J. Miller Jr., M.D.
Professor of Radiology
Director of Interventional Radiology
University of Utah Medical Center
Salt Lake City, Utah

Bruce A. Perler, M.D.
Associate Professor of Surgery
The Johns Hopkins Medical Institutions
Baltimore, Maryland

Chet Rees, M.D.
Assistant Professor of Radiology
Baylor University
Dallas, Texas

Edward Weiss, M.D.
Christian Hospital Northeast-Northwest
St. Louis, Missouri

Approved for seven hours' AMA Category-one Accreditation

 **Christian Hospital
Northeast-Northwest**
Member of the Christian Health System®



Illinois State Medical Society and its Component Societies

Presents

"Two Exciting Caribbean Cruise Programs"

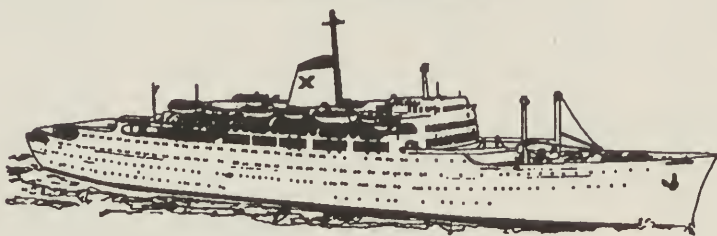
St. Louis Departure
January 20 - 27, 1992
Chicago Departure
February 10 - 17, 1992

ss Amerikanis

PORTS OF CALL

🌴 San Juan
🌴 St. Thomas
🌴 Guadeloupe
🌴 Barbados
🌴 St. Lucia
🌴 Antigua
🌴 St. Maarten

From **\$969** per person
Chicago Departures



TOUR INCLUDES:

Round-trip jet air transportation 🌴 Seven days cruising 🌴 Eight meals per day on board the ship
🌴 Transfers via air conditioned motorcoach 🌴 A Trans Global escort to host your cruise 🌴
Captain's Cocktail Party, Gala Masquerade Ball and Farewell Party, and much, much more...

FOR ADDITIONAL INFORMATION CALL OR WRITE:

TRANSGLOBAL

8200 Normandale Boulevard, Suite 504 • Minneapolis, MN 55437

USA Toll Free: 1-800-328-6264

SPACE IS LIMITED! SIGN UP SOON!
OPEN TO MEMBERS,
THEIR FAMILIES & FRIENDS.

March 7 - 14, 1992

ss Meridian

PORTS OF CALL

🌴 Fort Lauderdale
🌴 Playa del Carmen
🌴 Cozumel
🌴 Barbados
🌴 Grand Caymen
🌴 Montego Bay
🌴 Nassau

Obituaries

* indicates ISMS member

** indicates member of ISMS Fifty Year Club

**Boike

Wilbur F. Boike, M.D., of McHenry, died August 4, 1991 at the age of 76. Dr. Boike was a 1941 graduate of Chicago Medical School, Chicago.

**Kadlubowski

Edmund J. Kadlubowski, M.D., of Bartlett, died August 13, 1991 at the age of 80. Dr. Kadlubowski was a 1937 graduate of Loyola University Stritch School of Medicine, Maywood.

*Unger

John W. Unger, M.D., of Deerfield, died September 11, 1991 at the age of 68. Dr. Unger was a 1950 graduate of Case Western Reserve University School of Medicine, Cleveland, Ohio.

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Family practice – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

St. Charles. Probably the best opportunity for a primary care physician in the Midwest. Our full-service medical facility is located in an extremely desirable growing suburb of Chicago. The St. Charles/Geneva community is quaint, yet progressive, financially strong, and very popular with young families. Our facility is state-of-the-art with on-site x-ray, lab, pharmacy, surgical, electronic billing and more. We provide 90 percent of primary care needs for our patients and industrial clients – including immediate care. You will have the opportunity to enjoy immediate equity. You will be impressed. Contact Mark Lewis, M.D., 708/377-7979.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

SE Wisconsin pediatrics – unique opportunity for 1-2 skilled BC/BE pediatricians. Hospital management and start-up assistance available along with coverage from skilled BC colleagues. Be part of a new practice in a prospering community close to Milwaukee, Madison and Chicago. Contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

BE/BC radiologist – partnership available in hospital practice at St. Mary's Hospital, Streator, which is a 240 licensed bed hospital with a service area of 35,000. Streator is located 100 miles southwest of Chicago. For further information contact Robert Gubbels, St. Mary's Hospital, 111 E. Spring, Streator, IL 61364; 1-800-325-7699.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

BC/BE radiologist wanted for part-time position. Private practice in a hospital setting. CT, MRI and some angiography/interventional experience required. Up to 18 full weeks per year which includes light call. Generous salary. Small college community in west-central Illinois. Send curriculum vitae with reply to Box 2198, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

BE/BC radiologist wanted for part-time or full-time position in west and near south Chicago suburbs. Expertise in general radiology, CT, US, MRI and mammography required. No call. Flexible scheduling 2-5 days per week. Please contact Brian Scanlan, M.D., 708/597-2000 ext. 5336.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO-certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Primary care physicians: full or part-time opportunities available in southern Illinois or various Missouri locations. Proper licensure required. Contact in confidence: Annashae Corp., 1-800-245-2662.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Ob/Gyn – central Illinois. Excellent opportunity to join established practice in Taylorville, service area of 35,000, 30 miles from Springfield and Decatur. Hospital supported. Excellent compensation and benefits. Quality lifestyle of small city, country recreation, and near cultural, sports and shopping opportunities. Please call/write Deborah S. Fleming, Administrative Coordinator, 217/824-3331 (collect), 201 E. Pleasant, Taylorville, IL 62568.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

BC/BE radiologist immediately needed to join two others in practice in Centralia. Peaceful community of 17,000, one hour east of St. Louis. 60,000 procedures/year all modalities in progressive 286-bed hospital. Excellent remuneration, partnership one year and no buy-in. Contact Richard Rudman, M.D., 13 Orchard Dr. East, Centralia, IL 62801; 618/532-6731 office, 618/533-2066 home.

Primary care physicians for MOD coverage in central Illinois. Nights and weekends. Light workload. Malpractice covered. Illinois license required. Contact in confidence: Annashae Corp., 1-800-245-2662.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax your CV to: Diane Temple, EMSO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Eastern Illinois. Ground-floor opportunity to start three-to-four physician family practice group or join 45-physician multispecialty group. Good call coverage in both situations. Three-year net guarantee totaling \$375,000 includes malpractice, office expenses, staff, management, etc. Additional \$10,000 per year for board certification! Half hour from Big 10 university. Contact Bob Suleski or Lee Fivenson, 1-800-338-7107.

Illinois Medicine/September 27, 1991

Chicago - EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Private practice opportunities in Minnesota and Wisconsin. Dermatology, emergency medicine, ENT, internal medicine, family practice, obstetrics/gynecology, ophthalmology and pediatrics. Join established groups with strong hospital support in attractive communities. Contact: Jerry Hess, Abbott Northwestern Hospital (16501) 800 E. 28th Street, Minneapolis, MN 55407; 1-800-248-4921. A LifeSpan member.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Medical chief of staff. Outpatient clinic seeks qualified physician to coordinate and supervise all patient treatment and care. Position includes maintaining a patient case load, medical supervision of staff physicians and nurse practitioners, quality assurance, and review/evaluation of medical treatment policies and procedures. Competitive salary. Excellent benefits, including regular work hours, paid malpractice, vacation, sick leave, retirement plan. Interested candidates should submit CV, letter of application, and three letters of reference by Oct. 5, 1991 to: Mr. James Borgstrom, Beu Health Center, Western Illinois University, Macomb, IL 61455. EOE—Women and minorities are encouraged to apply.

SE Wisconsin. Third BC/BE obstetrician/gynecologist needed to join single specialty, fee-for-service laser-equipped practice. This two-physician, three-nurse practitioner office is located in a desirable suburb close to Milwaukee and Chicago. Excellent quality of life and outstanding recreational area. Attractive financial package including early partnership opportunities. For further information please contact: Lynn Brueggeman, Women's OB/GYN Care, 210 N.W. Barstow Street, Waukesha, WI 53188, or call 414/544-4400.

Obstetrics/gynecology, Brainerd, Minn. Join two Ob/Gyns in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Internal medicine, Brainerd, Minn. Join seven internists in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Dermatology, Brainerd, Minn. Join 22-M.D. multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Otolaryngology, Brainerd, Minn. Join 22-M.D. multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Pediatrics, Brainerd, Minn. Join pediatrician in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Multispecialty community health center in northern Illinois seeks additional internists, pediatricians, family practitioners and Ob/Gyn. Academic affiliation, loan repayment, paid malpractice. flexible compensation plan. NHSC and IDPH eligible. CV to John F. Frana, executive director, Crusader Clinic, 120 Tay Street, Rockford, IL 61102; 815/968-0286. EOE.

Chicago-area hospital seeks an Illinois-licensed, ACLS-certified physician to provide evening and weekend house coverage. Excellent salary and benefits. Interested applicants send CV to: P.O. Box 1088, Oak Park, IL 60304-1088.

Academic echocardiographer. Non-invasive/echo-cardiographic research position available at Veterans Administration Lakeside Medical Center and Northwestern Memorial Hospital in the Cardiology Section. Research involves 3D reconstruction, stress echo, and intravascular ultrasound. Veterans Administration Lakeside Medical Center/Northwestern University are affirmative action/equal opportunity employers. The Section of Cardiology encourages applications from qualified women and minority candidates. Send curriculum vitae to: Carl Tommaso, M.D., chief of cardiology, VALMC, Northwestern University Medical School, 250 E. Superior — Wesley 524, Chicago, IL 60611.

Picturesque north shore of Lake Superior. Seeking family practice or internal medicine physician. Fulfilling small clinic practice. No start-up costs. Scenic beauty, various outdoor activities, with time to enjoy it! Write Jon Ward or Kathy Haselow, Silver Bay, MN 55614, or call collect 218/226-4431.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Illinois Medicine/September 27, 1991

Situations Wanted

Physician experienced in occupational and family practice seeking a full-time position in Chicago. Reply to Box 2201, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602

Physically disabled, 37-year-old physician interested in work at home. Experience in medical writing; research in neurosurgery, neurology, GI, oncology, hematology, ortho. Excellent abilities in writing, speeches, research reports, literature searches, insurance paperwork, chartwork, etc. Contact S. Engel, M.D., P.O. Box 171, Park Ridge, IL 60068, or call 708/692-2207.

Board-certified Ob/Gyn seeking part-time positions. Please reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

For Sale, Lease or Rent

Established family practice and office building for sale. Central Illinois urban location with excellent patient profile. Gross income \$250,000 with no OB or major surgery. Good coverage available. Hospital four blocks. Well-kept brick-and-frame building, 3,100-square-feet, one story plus basement and two-car garage. Attractively landscaped on 80-by-150-foot lot with parking. Asking \$192,000, including modern medical office equipment. Clear title. Financing available. Will retire when introduction is accomplished. Must be FP board certified. Reply to Box 2202, c/o *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Stunning 1,820-square-foot penthouse with 46-foot deck. Tons of marble, white oak, elevated dining room and den. Two indoor heated parking spaces. \$339,000. Wrigleyville home, on oversize lot, three bedroom, two bath, garage, rustic yard and deck, parking for four cars. \$297,500. DePaul townhouse, Dayton Street. Three bedroom, 2¼-bath front unit, master bedroom suite, two wbf, patio, security. \$299,500. Re/Max Exclusive Properties, Chuck Stuparits, 312/33REMAX.

Lake Point Tower. Prime tiers combined into spacious 2,200-square-foot home with spectacular high floor, city skyline/north lakeshore view that goes on forever. Split bedrooms, 26-foot master suite, 37-foot living room. Neutral decor. Move right in! Every amenity imaginable plus 2½-acre private park. Must sell. Sherri Schmidt, 312/33REMAX.

Longboat Key, Fla. – gulf to bay professional haven. As your buyer's agent I will find the property you desire and negotiate the lowest price and best terms. No fee to you! Don Carey – White Sails Realty, 5610 Gulf of Mexico Dr., Longboat Key, FL 34228; 813/383-3718, evenings 813/383-3306.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Well-equipped laboratory in professional building in Midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Near lake. 32-unit courtyard building, two penthouse apartments with elevators, indoor garage, no deferred maintenance, nets \$160,000, asking \$1,225,000. East Rogers Park. Cash machine – 32 units plus nine stores, new boiler, many improvements, nets \$115,200, asking \$849,000, assumable mortgage at 10 percent, possible owner second. Remax Exclusive Properties – Chuck Stuparits, 312/918-2266.

For sale, family practice. Active practice which nets \$150,000 per year with great potential for further growth. Located in prosperous, lakeside Illinois community. No public aid or HMO affiliations. Very low asking price. Reply to Box 2200, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Exclusive 30-acre site – 720 feet of Lake Michigan non-eroding beach frontage approximately 1,800 feet deep. Ideal for your estate, medical retreat, or an association of owners. Set up and approved to accommodate a minimum of eight estate-sized sites, if interested in subdividing. Can have a private gated entry. 2½ hours from Chicago (three minutes from I-196/U.S. 31 expressway) at South Haven, Mich. \$2,500,000. For information call 219/291-9717 or write Joe Hickey, 1313 Erskine Manor Hill, South Bend, IN 46614. This is a first-time offering.

Office space for lease. Oak Forest. Professional/business office space for lease. Suites 900 to 2,200 square feet/elevator building. Near RTA/Metra/x-way. Rate extremely competitive. 708/687-5200.

Successful family practice with internal medicine emphasis for sale in DuPage County. Owner retiring after 35 years. Grossing \$285,000 with 3,000 active files. Three exam rooms located in professional building. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we're in our other office. Can be flexible with schedule. 708/963-0601.

Illinois medical practices for sale! No fees to buyers. For details on practices currently available, or to receive information on future opportunities, call 708/441-6111.

For sale—medical practice. Well-established in Clinton, with local acute care hospital. Access to larger towns. Trained staff. Immediate availability. Reasonably priced for early sale. Call or write to C.N. Radhakrishna, M.D., 210 E. Main Street, Clinton, IL 61727; 217/935-3136.

Electric examining tables, file cabinets, office furniture, photocopy machine, heat sterilizer, wall-mount hyfricator, miscellaneous supplies. Evanston location. Call A. Polussa, M.D., 217/698-9642.

Miscellaneous

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-786-3037 (24 hours). Alan D. Kirscher, M.A.

Bogged down with dictation? 24-hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll-free dictation.

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?

❑ Largest pool of available physicians in the nation

❑ Network of 7 regional offices nationwide

❑ Expertise that produces unparalleled results in recruiting quality physicians

❑ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



WITHOUT AN AGGRESSIVE INSURER, THIS COULD BECOME ESSENTIAL READING.

When you're facing a lawsuit it's no time to wish you knew more about legal precedent. And it's no time to question your insurer's commitment to launch a vigorous defense.

The Exchange has earned the confidence of its policyholders. As the state's first physician-owned insurer, we were not created to settle claims without merit. As the state's largest malpractice insurer, we are uniquely experienced in managing your defense.

Since 1976, we've closed 74% of our cases without an award to the plaintiff.

Our team approach — physician, defense attorney and professional liability analyst — improves the level of service to policyholders and reduces the emotional consequences to the individual physician. Our specialists and support groups are there to provide options and personal guidance.

We instill confidence. After all, lawbooks were never intended for do-it-yourselfers.

ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine

October 11, 1991

ILLINOIS STATE MEDICAL SOCIETY

Interview with HCFA
Chief Gail Wilensky... 12

Governor signs surrogate care bill

by Kevin O'Brien

GOV. JIM EDGAR signed H.B. 2334, the Health Care Surrogate Act, Sept. 26, drawing praise from physicians, legislators and other supporters.

"This legislation represents a cautious, compassionate and rational approach to one of the most agonizing decisions that people in our state may be called upon to make," Edgar said. "It reflects a consensus reached by medical and legal professionals and leaders in the clergy, including the Catholic Church, which had previously raised concerns about this type of legislation."

The Act provides the mechanism

for surrogates to make health care decisions for patients who lack decision-making capacity and suffer from a terminal condition, permanent unconsciousness, or an incurable or irreversible condition, without first going to court. Lead sponsors of the legislation were Reps. John F. Dunn (D-Decatur), Grace Mary Stern (D-Highland Park) and Barbara Flynn Currie (D-Chicago), and Sens. John A. D'Arco Jr. (D-Chicago) and Judy Baar Topinka (R-Berwyn).

"This landmark legislation sets Illinois out in front in the issue of end-of-life decisions regarding life-sustaining treatment," said Robert M. Reardon, M.D., president of the Illi-

nois State Medical Society. "Advances in medical technology today allow us to extend life to limits unheard of 20 years ago. But that same technology often requires families and health care workers to make sensitive and painful decisions about life-sustaining treatment for comatose and incompetent patients. This legislation eases the process for families and care givers."

The Act, effective immediately, does not apply in cases where the patient has signed a living will or where the patient has assigned durable power of attorney for health care to a relative or other person. While

(continued on page 18)

HCFA extends Medicare clinical lab survey deadline

by Tamara Strom

YOU MAY HAVE just been spared a \$110,000 fine, if you are one of the more than 3,000 Illinois physicians who has not yet returned the Medicare clinical laboratory survey sent to you last month. The forms were due 11 days ago, but the federal government has granted an extension.

But don't rest on your good fortune: The stiff \$10,000 a day fines will still be levied against physicians not meeting the new survey submission deadline.

The U.S. Health Care Financing Administration granted a 30-day extension of the original Oct. 1 deadline for physicians to submit the Medicare Physician Financial Interest Clinical Laboratory Surveys distributed by Blue Cross and Blue Shield of Illinois. Surveys are now due by Nov. 1. The extension will allow physicians more time to fill out the forms completely, HCFA said.

"Because of concerns that disclosing entities may require more time to obtain information necessary to complete the financial disclosure survey, we have extended the deadline," HCFA said in a Sept. 23 communication to its regional offices.

But even though HCFA is extending the submission deadline, the agency is sticking to its commitment

(continued on page 15)

\$36.4 million awarded in hospital suit

by Anna Brown

TOUTED AS THE largest malpractice award in Champaign County, and perhaps in Illinois, \$36.4 million in damages was awarded to a Hanna City couple.

A Champaign County jury made the award to Tim and Cyndy Woodard on behalf of their 5½-year-old son, Richard, who suffers severe mental retardation and cerebral palsy. While the judgment was against Covenant Medical Center in Urbana, the jury exonerated Cyndy Woodard's physician, Suzanne Trupin, M.D., who was also named in the suit. Dr. Trupin, an Illinois State Medical Inter-Insurance Exchange policyholder, was represented by James C. Kearns of Urbana.

The Woodards' attorney, Jerome Mirza, of Chicago, said he expected the verdict. Mirza contends that Richard Woodard's condition is a result of lack of oxygen to the brain before birth.

"I think it was extremely good that

(continued on page 6)



From left: Southern Illinois University medical students Chris Massa and Ken Sagins talk to physician recruiters Shari Johns and Harvey Lightbody of Peoria's Methodist Medical Center at the annual SIU Doctor's Fair Sept. 20 in Springfield. ▲

photo: Ron Ackerman

Flu vaccination program begins second year

by Janice Rosenberg

THIS FALL, 34 Illinois counties began their second year of a demonstration influenza vaccine project to determine if flu shots should be covered by Medicare Part B insurance.

The two-year project, funded by a grant from the U.S. Centers for Disease Control and the Health Care Financing Administration, will study the effectiveness of flu vaccines as a

preventive measure for reducing deaths and costly influenza-related hospitalizations.

Between 10,000 and 40,000 people die each year in the United States from influenza-associated illnesses. "The single most effective way to reduce the impact of influenza is a vaccination each year before the flu season," says Illinois Department of Public Health Director John R. Lumpkin, M.D. He notes that the

vaccine has been effective and recommends that it be given to citizens 55 years and older and to those with chronic illnesses.

Illinois counties included in the project were selected based on their high percentage of elderly residents. Comparison counties were designated as well. All are part of a national demonstration project covering 10 targeted areas across the country.

(continued on page 17)

In this issue	
New ISMS employee program.....	2
On the Legislative Scene	3
Exchange seminar focuses on cancer diagnosis	6
Case in Point	7
SIU dean profile	9
Hospital assessment program looks bleak	10
Preparing for federal clinical laboratory rules	15

Stamp: OCT 16 1991

Stamp: NATIONAL LIBRARY OF MEDICINE

Stamp: 8600 ROCKVILLE PIKE

Stamp: BETHESDA MD 208

Stamp: 0930 IM

State launches new neuroblastoma study

In an effort to "leave no stone unturned," a new study will re-examine the clustering of rare childhood cancer cases in Taylorville, the Illinois Department of Public Health announced last month.

The genetic study of the three Taylorville children diagnosed with neuroblastoma in 1989 and 1990 and one new case diagnosed since then will be performed in conjunction with the Southern Illinois University School of Medicine and the Memorial Medical Center Regional Cancer Center of Springfield.

Two earlier IDPH studies focusing on possible environmental and epidemiological factors failed to uncover any solid evidence about what might have caused the clustering.

"We hope through this evaluation we can secure a more thorough and better understanding of the occurrence of neuroblastoma in Taylorville," said John R. Lumpkin, M.D., IDPH director. "So far through epidemiologic and environmental investigations, we have been unable to identify a cause for this cluster. We're hopeful that this study will offer clues that can further our understanding of why, within a short period of time, four children in this community were diagnosed with this rare type of cancer."

Specifically, SIU will interpret DNA analyses, tumor biology, and blood analyses to determine if any familial hereditary patterns exist. Memorial Medical Center is donating the necessary laboratory services.

In addition, medical center staff will test blood and urine samples from the children and their family members for toxic substances.

According to Dr. Lumpkin, the continued examination of possible environmental links to the cancer cases is the result of community concerns that exposure to toxic substances in the environment or in the workplaces of the children's parents may have caused the tumors.

Annually, 500 children and infants are diagnosed with neuroblastoma nationwide, with an average of 20 cases reported in Illinois. Studies by the U.S. Centers for Disease Control about the cause of neuroblastoma are ongoing, and the results of the Illinois study will be shared with CDC and other researchers.

Cook County Hospital opens new ER

While still attempting to correct life safety violations that resulted in the loss of its Joint Commission on Accreditation of Healthcare Organizations accreditation, Cook County Hospital Sept. 27 opened a new, revamped emergency room.

Cook County was "constantly cited for having no privacy in the hallways" where ER patients waited for care, said Michael McDermott, M.D., director of adult emergency services.

The new ER solves the "privacy issues" with 18 curtained stretcher bays, compared to five in the old facility, Dr. McDermott said.

Other improvements to the new ER, such as more resuscitation rooms, better lighting, and the addition of air conditioning, should increase the hospital's ability to recruit nurses, Dr. McDermott said. "The old conditions were a tremendous impediment to nurse recruitment," he noted, adding that physicians will be able to provide "earlier and more aggressive therapy" for the 110,000 annual ER patients.

Despite the uncertainty about Cook County Hospital remaining in its current building (proposed political solutions hanging in limbo range from building an entirely new facility to taking over existing hospitals in the area), Dr. McDermott is pleased that the plans for the ER were not scrapped. He added that even if the Cook County Board decides to build a new hospital, optimistic predictions indicate it would be five to 10 years before the first patients were treated there. ▲

— Compiled by Tamara Strom



Rep. Terry Bruce (D-Olney) (far right) and Marshall High School student Sara Smitley (far left) look on as James A. Turner, D.O. (center), treats patient Lowell Beaven's injured finger. Bruce and Smitley participated in the "Doctor for a Day" program at Cork Medical Center in Marshall. Bruce also discussed rural health care access issues with area physicians during his Sept. 19 visit. ▲

ISMS to recognize employee service through new award

by Anna Brown

AS INCENTIVE FOR employees to provide quality service to members, the Illinois State Medical Society has established a new Employee of the Month award program. The program was introduced at an all-employee meeting Sept. 24. Beginning in January 1992, a committee of ISMS employees will select a single award recipient each month, using criteria that emphasize service to members, Illinois State Medical Inter-Insurance Exchange policyholders and internal staff. Nominations for the award will be solicited from both employees and members.

The award program is a component of the new "Focus on Service" initiative, also presented to employees at the meeting. The Exchange and its operating arm, Illinois State Medical Insurance Services Inc., are working in conjunction with ISMS to improve policyholder perceptions of the rapidly growing Exchange.

"When we hassle physicians about malpractice insurance, we become their worst nightmare," said Exchange Board of Governors Chairman Harold L. Jensen, M.D., at the meeting. "Policyholders are looking for friends and advocates. They want to know we are on their side."

Dr. Jensen said he expects steady improvement in service following the project's implementation, but

acknowledges that it may take some months before the goal is realized. He said that employees who deal directly with members and policyholders and those employees who support those efforts are equally vital.

In the past, an employee's service to members has not been recognized, said Dr. Jensen. The new Employee of the Month award gives all employees an opportunity to nominate a peer, subordinate, supervisor or colleague in another department for their contribution to member service.

Employee of the Month criteria state that nominees should exhibit innovation and creativity in problem solving, should be team players who maximize results, and most important, must provide service to members, policyholders and internal staff. Recognition can result from either work on a specific project or a consistently high level of performance and service. Any ISMS employee can nominate another employee, and ISMS members are encouraged to participate by nominating any employee they have found particularly helpful.

"We are extremely enthusiastic about this project," said Alexander R. Lerner, ISMS chief executive officer. "In the past, we have focused on problem areas. We tend to ignore

(continued on page 18)

Physician Facts

Mental illness awareness quiz

MENTAL
ILLNESS
AWARENESS
WEEK

October 6-12, 1991

1. What is the second leading cause of death for people 15-19?

- a. Traffic accidents b. Cancer c. Drug violence d. Suicide

2. How many Americans will suffer from some form of mental illness in the next six months?

- a. One in five b. One in 500 c. One in 5,000 d. Unknown

3. How much will mental illnesses cost America this year?

- a. \$250,000 b. \$250,000,000 c. \$250,000,000,000 d. Unknown

4. What percentage of those suffering from depression improve with treatment?

- a. 90% b. 25% c. 50% d. There is no effective treatment for depression

5. How many children under the age of 18 will be stricken with some form of mental illness in the next six months?

- a. Too few to matter b. 8,000 c. 800,000 d. 8,000,000

Source of data: *Let's Talk About Mental Illnesses 1991-1992*: The American Psychiatric Association Division of Public Affairs

Answers: 1. d; 2. a; 3. c; 4. a; 5. d

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published bi-weekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

On the Legislative Scene

by Kevin O'Brien

During September, Gov. Jim Edgar took action on most major pieces of legislation affecting physicians. At press time, only the fate of S.B. 999, the AIDS notification bill, was uncertain. Edgar had until Oct. 5 to sign, veto or amendatorially veto the Illinois State Medical Society-supported legislation.

The following is a rundown on the governor's actions.

Controlled substances registration ... Physicians who prescribe controlled substances will need to register with the Illinois Department of Professional Regulation for only those locations where the controlled substances are administered or dispensed. The governor signed the ISMS-supported legislation, sponsored by Sen. Robert M. Raica (R-Chicago) and Rep. Michael D. Curran (D-Springfield) on Sept. 23. The legislation is effective Jan. 1, 1992.

License renewal extension ... Effective Jan. 1, 1992, it will be easier for physicians whose licenses have lapsed to renew them. The governor's signature to H.B. 1854 gives a physician 90 days after the expiration of the old license to apply for a new one. The physician will have to comply with the requirements for license renewal and pay an additional fee, but the new license will be retroactive to the date of the old license's expiration. Reps. Kurt Granberg (D-Carlyle) and Tom P. Walsh (D-Ottawa), and Sen. Robert Madigan (R-Lincoln) sponsored the legislation.

The measure responds to concerns raised at the June ISMS Board of Trustees meeting about gaps in medical malpractice coverage triggered by the lapse of a physician's license.

Clarifying the practice of medicine without a license ... The governor signed legislation amending the Medical Practice Act to provide that violations of the Act will include the treatment of "conditions" without a license, in addition to "ailments," which the former law stated. The law takes effect on Jan. 1, 1992.

The correction to the Act is in response to a 1990 U.S. District Court ruling that dismissed an indictment against a downstate lay midwife accused of illegally practicing medicine. The judge ruled that pregnancy was not an ailment but a condition. The ISMS-supported amendment was sponsored by Reps. Tom Ryder (R-Jerseyville) and Alfred G. Ronan (D-Chicago), and Sen. Denny Jacobs (D-Moline).

Infectious waste ... Legislation regulating the packaging, transportation and disposal of potentially infectious medical waste also received the governor's approval. Sponsored by Rep. Myron J. Kulas (D-Chicago), H.B. 2491 exempts offices that generate up to 50 pounds of potentially infectious medical waste per month from paying a hauling permit or completing manifest forms. An article explaining in more detail how to comply with the law will appear in a future issue of *Illinois Medicine*.

Anabolic steroids ... Edgar signed legislation making it a felony, punishable by up to five years in prison and a \$50,000 fine, to knowingly distribute or possess with intent to distribute anabolic steroids or other hu-



man growth hormones for purposes not approved by the U.S. Depart-

ment of Health and Human Services, or under the order of a physician. The penalties double for distribution to people under 18.

The legislation, which is effective immediately, also authorizes the Illinois Department of Alcohol and Substance Abuse to develop a public education program on anabolic steroid abuse. ISMS supported the legislation.

Tanning parlor regulation ... The governor also signed H.B. 1853, which will regulate tanning parlors. The Tanning Facility Permit Act requires tanning parlor operators to provide written warnings on the dangers of ultraviolet radiation. The law also establishes standards for safety and hygiene and requires the facility to provide safety goggles at no charge to customers. The bill was developed in response to a 1990 ISMS

House of Delegates resolution. The Illinois Dermatological Association worked with ISMS in support of the bill.

Sponsored by Reps. Alfred G. Ronan (D-Chicago) and Frank Giglio (D-Calumet City), and Sen. John J. Cullerton (D-Chicago), the bill, which becomes effective July 1, 1992, requires posting of signs regarding the potential effects of radiation on people taking medication and the relationship to skin cancer. An amendment to the bill creates a Tanning Facility Permit Fund, which permits the Illinois Department of Public Health to charge fees to implement the Act.

Automatic defibrillator ... Effective Jan. 1, 1992, emergency medical technicians of the ambulance, intermediate or paramedic classification

(continued on page 17)

Blue Cross[®] Blue Shield[®]



REPORT

FOR *Illinois Physicians*

New Accounts

BCBSI is pleased to announce the following new accounts:

	Effective Date	Group Number
Eby-Brown	July 15, 1991	P78599
Evapco	June 1, 1991	900143
NI-Gas	July 1, 1991	P06349, P06348

Service Master, one of our existing accounts, converted to our PPO product on April 1, 1991. Their group numbers are: P78541, P78542, P78543, P78544, P78545.

Helpful Hints on Filing Your Claims

- ▶ Alpha Prefix = For the following groups, include the alpha prefix preceding the subscriber number in item #6 on the HCFA-1500 claim form. For example, *P78548-SMC31131333*.

PRH	Raphael Hotels
AMC	American Nickeloid
BGC	Bagcraft Corp. of America
FFM	First Financial Management Corp.
ACL	Alberto Culver Co.

Note: These are not Central Certification Groups.

- ▶ Onset Date = Please remember to include the date of onset on your claims to ensure accurate processing of your claims.

Key Blue Shield Numbers

Provider Assistance Unit:	(312) 938-7340
Medicare Part B:	(618) 997-3190
Provider File Changes:	(312) 938-6001
(Request for Blue Shield Provider Number, Change of Address, Tax ID Change, Name Change)	
HMO of Illinois (Enrollment)	(312) 938-7453
HMO of Illinois (Claim Inquiries)	(800) 892-2803
HCFA-1500 Billing Forms - American Medical Association	(312) 645-5000
Predent (Dental Inquiries)	(312) 938-5900
Prescription Drug Program	(312) 938-2058
Optical Character Recognition (OCR) Form Requests (BB-466)	(312) 938-7340
Managed Care Network Preferred (MCNP)	(312) 938-7433
Requests for 1099 Tax Forms	(312) 938-6706

(10/11/91)

Editorial

The bad news, the really bad news and the worst news of all

An important concept in pain control is the fact that a nerve can carry only one message at a time. A successful dental technique requires your dentist to jiggle your cheek gently when injecting the Novocain – the nerves in your face then cannot register the sensation of the needle, because the nerve can transmit only one sensation at a time.

Sometimes it seems that medicine's group mentality works the same way – we just can't seem to absorb more than one Bad News Message at a time. We concentrate on one, usually the one nearest to hand, and don't process or intake the next problem area until it's a crisis.

In the recent past, medicine's Bad News Message has been RBRVS. Granted, that problem has not been thoroughly resolved and more horrors may lie ahead. But for once we need to look ahead and start worrying now about what tomorrow will bring.

In this issue of *Illinois Medicine*, HCFA chief Gail Wilensky talks about the new CLIA regulations that will be released, she says, by year-end. The warning from Washington is clear: While these new regulations may not be as onerous as the draft rules originally proposed, they cannot be anything but a significant additional burden for the physician who operates an office lab.

Here is the really, really bad news: HCFA will give physicians only four months to come into compliance with the new rules. And the Illinois Department of Public Health estimates it will take physicians six months to reach compliance.

So unless your office lab begins to work actively on compliance during the next two weeks, you will not, according to the experts' best estimate, be able to meet HCFA's deadline.

How, you ask, can you comply with regulations not yet released? Good question. And a good answer, according again to the IDPH experts, is to start by bringing your office lab into compliance with the Illinois office lab standards. (Change CLIA to ICLA and there you are.)

And you better hurry. Because the IDPH will act as HCFA's agent in Illinois when the CLIA regs are released; it is not HCFA, but IDPH wearing HCFA hats and carrying HCFA clipboards who will inspect your office lab. And as soon as IDPH becomes the arm of HCFA, they can no longer educate – they can only enforce.

The worst news of all is what the new CLIA regs may mean to access and health care costs; the "mom and pop" office labs that many doctors operate cannot hope to meet the industrial strength regulations HCFA will probably mandate. To be utterly realistic, we can expect that many of those office labs may close up shop; patients would then have to go to independent labs – and pay the higher, independent lab prices – for tests previously performed in the doctor's office.

The storm warnings are up, and you should consider this message the mother of all red flags: If you perform any lab tests in your office for your patients – and especially if you perform lab testing for patients referred to you by other practitioners – call IDPH *now*. You need to determine your responsibilities under ICLA and you need the information and the help they can give you to prepare for CLIA. Talk to them *now*. By the time HCFA releases the federal CLIA rules, it will be too late. ▲



Reprinted by permission of Modern Healthcare. Grain Communications Inc.

Guest Editorial

In defense of national health care



by Harry M. Goldin, M.D.

The health care system in America is failing. As a physician, employer and parent, I find the situation becoming more intolerable every day.

As a physician, I find that those patients who need my care do not have access to my services. Often, potential patients with third party payers cannot see me because in many instances access is limited by participation in health maintenance organizations or preferred provider organizations. Those poor enough may qualify for Medicaid. However, the Illinois Department of Public Aid makes every effort to deny any claim, disregarding the actual service provided. Reimbursement rates are among the lowest in the country and claims take more than six months for processing. A physician cannot pay his bills seeing a public aid population.

As an employer, I provide health insurance to my full-time employees. Because I can only afford to buy coverage with large deductibles, I am essentially buying catastrophic health insurance for my employees. When my employees require simple evaluations or procedures, they must pay for it out-of-pocket because the costs will not satisfy the large deductible.

Health insurance companies want to make money and not risk their profit by insuring people with medical conditions past or present. Potential employees with current or previous medical conditions are deemed "uninsurable." These people often find that individual or small group policies are unavailable

to them. Thus, the current system limits my selection of employees. These potential employees are discriminated against in the workplace by their "pre-existing" medical conditions.

Finally, as a parent of a child who has had several surgeries to correct congenital malformations, I find the health care system is failing. Individual or small group policies, including the Illinois State Medical Society's Physicians' Benefits Trust, are not available to my family. This is unacceptable.

As a physician, employer and parent, I feel we must develop a global national health insurance with free access to all physicians. This national health insurance program must have a guaranteed revenue pool, independent of expedient budget cuts. The money we spend on health care would go farther because the health insurance companies' profit would be spent on health care. Additional savings would stem from dismantling the wasteful and inefficient Veterans Affairs medical system and city and county hospitals.

The federal government could contract with not-for-profit organizations, such as Blue Cross and Blue Shield, to oversee the national health insurance system. Physicians and private hospitals would have incentive to provide care to those in underserved areas. The large group with either past or current medical conditions who are deemed "uninsurable" by the health insurance companies would be covered.

A national health insurance program with government control is, however, hazardous. Medicaid is a disaster and Medicare is rapidly becoming problematic. It is outrageous that while the government is shifting Medicare administrative costs to the physician, it is proposing a 16 percent reduction in Medicare payments. The federal government is employing budget reduction tactics at the expense of medical providers.

Despite these shortcomings, a rational, adequately funded national health insurance program would permit all who need medical care to get the treatment they require. ▲

Dr. Goldin, of Skokie, specializes in dermatology and dermatologic surgery.

Illinois Medicine

VOLUME 3, NUMBER 19

OCTOBER 11, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins, Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15W700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.

Letters to the Editor

Senate sponsor of lead poisoning bill thanks Edgar, ISMS

As Senate sponsor of the "lead testing" bill (H.B. 2295) that substantially strengthens the state's lead screening efforts, I applaud Gov. Jim Edgar's action in making this bill law. I also want to thank the Illinois State Medical Society for its role in helping to pass this legislation.

The legislation creates guidelines that, among other measures, mandates lead testing for all Illinois children between six months and six

years of age. Such far-reaching legislation is needed because of the 28,000 preschool children who currently test positive for significant levels of lead poisoning.

Other provisions of the bill include creating a Lead Poisoning, Screening, Prevention and Abatement Fund in the state treasury; requiring parents and guardians to provide state-licensed or -approved child care facilities, with documentation showing their children have been screened for lead poisoning; prohibiting the renovation of residential buildings built before 1977 if they have not been inspected for lead; and establishing follow-up services for lead-poisoned children.

It is a disgrace that so many children in our state are exposed to lead

and have to suffer the effects of lead poisoning. Blindness and retardation are just two of the catastrophes caused by lead poisoning.

I am confident that this new law will go a long way toward wiping out lead poisoning among our children, and I am proud to have sponsored it.

John Cullerton
State Senator
4th Legislative District

Editor's Note: Rep. Ann Stepan of the 7th Representative District sponsored the legislation in the House. Both legislators are from Chicago.

In addition, the regulations for this law, yet to be drafted by the Illinois Department of Public Health, will mandate testing in accordance with American

Academy of Pediatrics guidelines. These guidelines permit physicians to rely on medical judgment when determining if a child is at risk and should be tested.

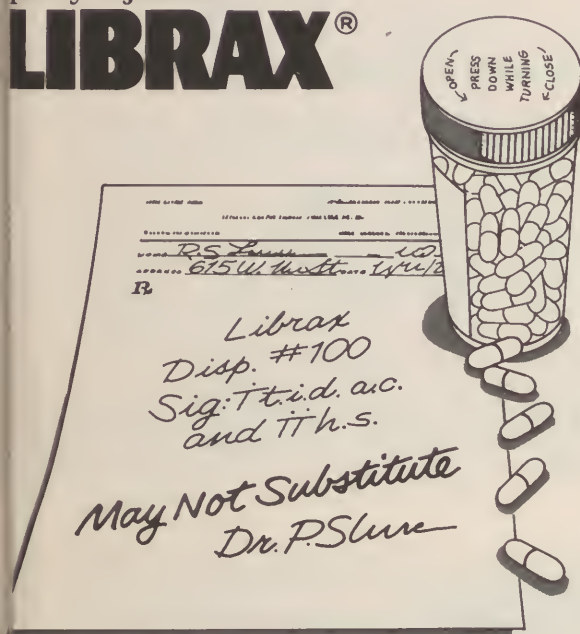


Sen. Cullerton (left), and Rep. Stepan sponsored the legislation.

Send letters to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, Ill. 60602, or fax to (312) 782-2023.

Specify Adjunctive

LIBRAX®



Each capsule contains 5 mg chlorthalidone HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy; benign bladder neck obstruction; hypersensitivity to chlorthalidone HCl and/or clidinium bromide. **Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

Interactions: With all anticholinergics, inhibition of lactation may occur. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Adverse effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients consult physician before increasing dose or abruptly discontinuing this drug. **Adverse Reactions:** No side effects or manifestations not seen with either component alone reported with Librax. When chlorthalidone HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also counteracted: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias including agranulocytosis, jaundice, hepatic dysfunction reported occasionally with chlorthalidone HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlorthalidone HCl; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Revised: February 1988

Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

Copyright © 1991 by Roche Products Inc. All rights reserved.

IN IBS,* WHEN IT'S BRAIN VERSUS BOWEL,

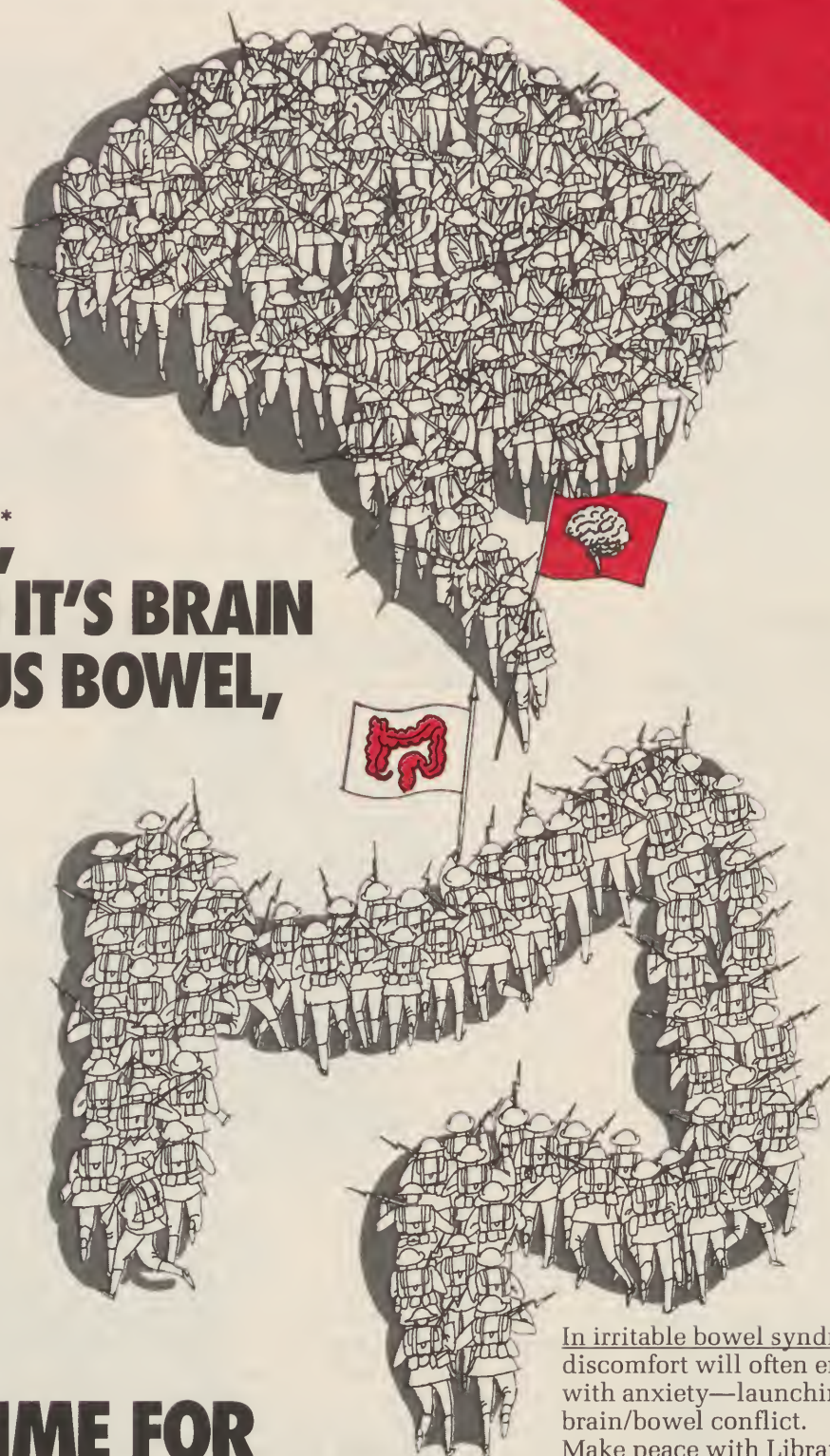
IT'S TIME FOR THE PEACEMAKER.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlorthalidone HCl and 2.5 mg clidinium bromide.



In irritable bowel syndrome intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.



Phillip D. Boren, M.D., was elected chairman of the ISMIS Board of Directors Oct. 2.

Phillip D. Boren, M.D., elected ISMIS chairman

PHILLIP D. BOREN, M.D. was elected chairman of the six-member Illinois State Medical Insurance Services Inc. Board of Directors at the board's Oct. 2 meeting. He will fill the unexpired term of Robert C. Hamilton, M.D., who died Sept. 13.

ISMIS, a wholly owned subsidiary of the Illinois State Medical Society, is Attorney-in-Fact for the Illinois State Medical Inter-Insurance Exchange, the oldest physician-owned professional liability insurer in Illinois.

"I have been involved with this company since its inception in 1976," Dr. Boren said. "I'm counting on these 15 years of experience to guide me through the chairmanship of ISMIS. I am especially looking for-

ward to working on our new service initiative with the Exchange Board of Governors."

From its inception, Dr. Boren has served as chairman of the Physician Review Committee and has been involved in its actuarial, underwriting and loss-prevention activities.

He also has been a licensed property casualty insurance broker since 1983.

Dr. Boren, of Carmi, currently represents the Ninth District on the ISMS Board of Trustees. He is a member of the *Illinois Medicine* Committee and has served on the ISMS Council on Economics. Prior to the organization of the Exchange, Dr. Boren served as chairman of the ISMS Insurance Committee.

He was the sole physician representative on the Illinois Medical Malpractice Study Commission, and was a director of the Illinois Joint Underwriting Association.

Dr. Boren is board certified in family practice and has been in private practice in Carmi since 1963. He received his medical degree from the University of Illinois College of Medicine at Chicago in 1961. He completed his internship at Resurrection Hospital in 1962, and was a resident in family practice at MacNeal Memorial Hospital in Berwyn. Dr. Boren is a clinical assistant professor at Southern Illinois University School of Medicine and past president of the Carmi Township Hospital medical staff. ▲

Exchange seminars focus on cancer detection, diagnosis

CITING STATISTICS THAT point to increasing frequency and severity of failure to diagnose cancer claims, Jere E. Freidheim, M.D., welcomed 350 physicians and defense attorneys to a day-long "Focus on Cancer Detection and Diagnosis" seminar in Chicago Sept. 25.

"Unfortunately, this is an area of litigation that affects almost all physicians, especially general practitioners and family physicians, internists, obstetricians and gynecologists, radiologists and surgeons," said Dr. Freidheim. Dr. Freidheim is chairman of the Illinois State Medical Inter-Insurance Exchange Risk Management Committee.

The seminar, which was repeated Oct. 3 in downstate Fairview Heights, covered early detection and treatment of breast, cervical, colon and lung cancer. Physicians earned six hours of Category I continuing medical education (CME) credits for attending, and received a booklet

covering information presented at the seminar. Family physicians earned six hours of credit from the American Academy of Family Physicians.

Presenters included Alfred J. Clementi, M.D., general surgeon and Illinois State Medical Insurance Services board member; John H. Isacs, M.D., professor and director of the Division of Gynecologic Oncology at Loyola University of Chicago Stritch School of Medicine; Harold J. Lasky, M.D., clinical professor of radiology at the University of Illinois College of Medicine; John Lurain, M.D., professor of gynecology and cancer research and chief of the Division of Gynecological Oncology at Northwestern University Medical School; Sheldon Sloan, M.D., assistant professor of medicine at Rush Medical College; and John Merrill, M.D., associate professor of medicine at Northwestern University Medical School. In addition to the

Coldwater Corp. wants to know: How can the Exchange serve you?

IN THE COMING months, representatives of the Coldwater Corp. will be telephoning policyholders to learn their opinions on how the Illinois State Medical Inter-Insurance Exchange can best improve service.

Coldwater Corp., an independent research firm involved in the Exchange's recently launched "Focus on Service" initiative, will poll policyholders on their needs and expectations, Exchange performance, and attitudes toward specific medical issues and policies. If contacted, policyholders are strongly encouraged to participate in order to create a more accessible, "user-friendly" Exchange.

The Exchange plans to conduct regular telephone surveys as part of its effort to evaluate the service initiative. The surveys will thoroughly investigate policyholder reactions to Exchange programs and services, and will analyze current performance in comparison to perceptions of expected performance.

Policyholder cooperation with Coldwater representatives is one of the best ways to learn how policyholders view the Exchange. If you are contacted, please take this opportunity to let the Exchange work for you. ▲

above presenters, the Fairview Heights program included James Vest, M.D., pulmonary disease specialist from Belleville; and Robert M. Craig, M.D., associate professor of medicine, department of gastroenterology, Northwestern University Medical School.

Audiotaped cassettes from the Chicago presentations can be ordered by mail from First Tape Inc., 770 N. LaSalle Street, Suite 301, Chicago, Illinois 60610. Individual tapes cost \$10 each; the complete six-tape set costs \$54. ▲

Hospital suit

(continued from page 1)

the hospital was found liable and not the doctor," Mirza said. "There was evidence for the jury to conclude that Dr. Trupin was liable, but also that she may have been misled by the hospital nurses, that they did not report the conditions of the fetal monitor strip."

Dr. Trupin testified that she had spoken to the nurses by telephone the night before Richard was born while Cyndy Woodard was in labor. She claimed she was told everything was normal. However, expert witnesses testified that the fetal monitor strip indicated signs of slowed heart rate twice that evening, a sign of fetal distress.

Barry Montgomery, a Chicago attorney representing Covenant said, "The hospital is absolutely not accountable. The hospital did not do anything wrong. Unfortunately, nothing can be done to avoid these types of suits. Cerebral palsy still occurs, and the causes are unknown. With the sympathy factor involved, it's very difficult to win these cases."

Montgomery maintained throughout the trial that Richard Woodard's cerebral palsy was not related to events just before birth, and that the records did not indicate any fetal distress.

"Ultimately this money comes out of the pockets of you and me," he said. "Whoever receives medical care ends up paying."

The jury determined that some of the monies awarded to the Woodards would be payable immediately, and others would be payable over a period of years. Payable immediately are past medical costs for the parents of \$52,427, and \$1 million to cover the child's past pain and suffering. Past loss of bodily function and physical impairment came to \$550,000.

The jury awarded future medical costs of \$29 million; future pain and suffering, \$3.8 million; and future loss of bodily function and physical impairment, \$1.1 million. These monies would be paid over a period of 38 years, a figure determined by the jury to reflect the life expectancy of the child. This issue was one of many disputed during the trial.

Future loss of earnings valued at \$900,000 are to be paid over a period of 20 years, with payments beginning in 12.5 years.

The provision for future payments falls under the domain of tort reform initiatives of 1985 that were successfully mounted by the Illinois State Medical Society. The statute stipulates that payments for future costs may be made in structured yearly payments, rather than in one immediately payable lump sum. According to sources, the Woodard case is one of five suits in Illinois that have elected to use the structured payments.

Trial judge George Miller is currently computing the present cash value of the future payments awarded by the jury. This includes determining the exact amount to be paid each year in the 38-year time frame.

Legal sources close to the case said the Woodard case was unusual because of the lump sum award for future payments. More often, juries determine an exact amount to be paid each year for a period of years.

Montgomery said the hospital will base its decision to appeal on the

judgment order. He said he suspects that the award could be substantially lowered.

"It is the hospital's contention that the jury verdict forms were not in agreement with the statute," Montgomery said. "The basis for an appeal will be the verdict forms as amended by Judge Miller."

Covenant Medical Center (formerly Mercy Hospital) objects to the single sums allotted for future medical costs and future loss of earnings. Montgomery said the verdict forms should have had the jury compute the amounts on a year-by-year basis.

"I don't know how the judge is going to compute the present cash value on this single sum basis," Montgomery said.

"I thought the award was reasonable and by no stretch of the imagination excessive," said Mirza, estimating that the actual payout after the judgment order will be approximately \$15 million.

"I think the same decision would be given on appeal," he said. "It was a very clear case of fault on the part of the hospital, and the jury felt the same way." ▲

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Case #1

Presenting complaint and initial diagnosis – A 73-year-old woman went to her family physician complaining of dizziness and fatigue. The physician performed a routine physical examination, including a urinalysis and hemoglobin. He concluded that she was anemic and prescribed iron sulfate.

The case in brief – Seven months later, the woman was taken to a hospital emergency room bleeding severely from the rectum. Advanced colon cancer was diagnosed. She died six months later.

The resulting claim – The family filed a suit alleging failure to diag-

nose colon cancer, delaying treatment and hastening her death.

The outcome of the claim – The physician settled for \$85,000.

Case #2

Presenting complaint and initial diagnosis – A 42-year-old man went to an internist with symptoms of rectal bleeding and a change in bowel habits. A physical examination was negative, but a blood test revealed borderline anemia.

The case in brief – The internist suspected a bleeding peptic ulcer and referred the patient to a gastroenterologist for an upper GI endoscopy. The test results were nega-

tive. Eight months later, another physician diagnosed colon cancer with metastasis to the liver. The patient died seven months later.

The resulting claim – The family filed suit alleging failure to do a work-up for colon cancer, including a barium enema and endoscopy, resulting in delay in diagnosis and a reduction in the patient's chances for survival.

The outcome of the claim – The internist settled for \$225,000.

Case #3

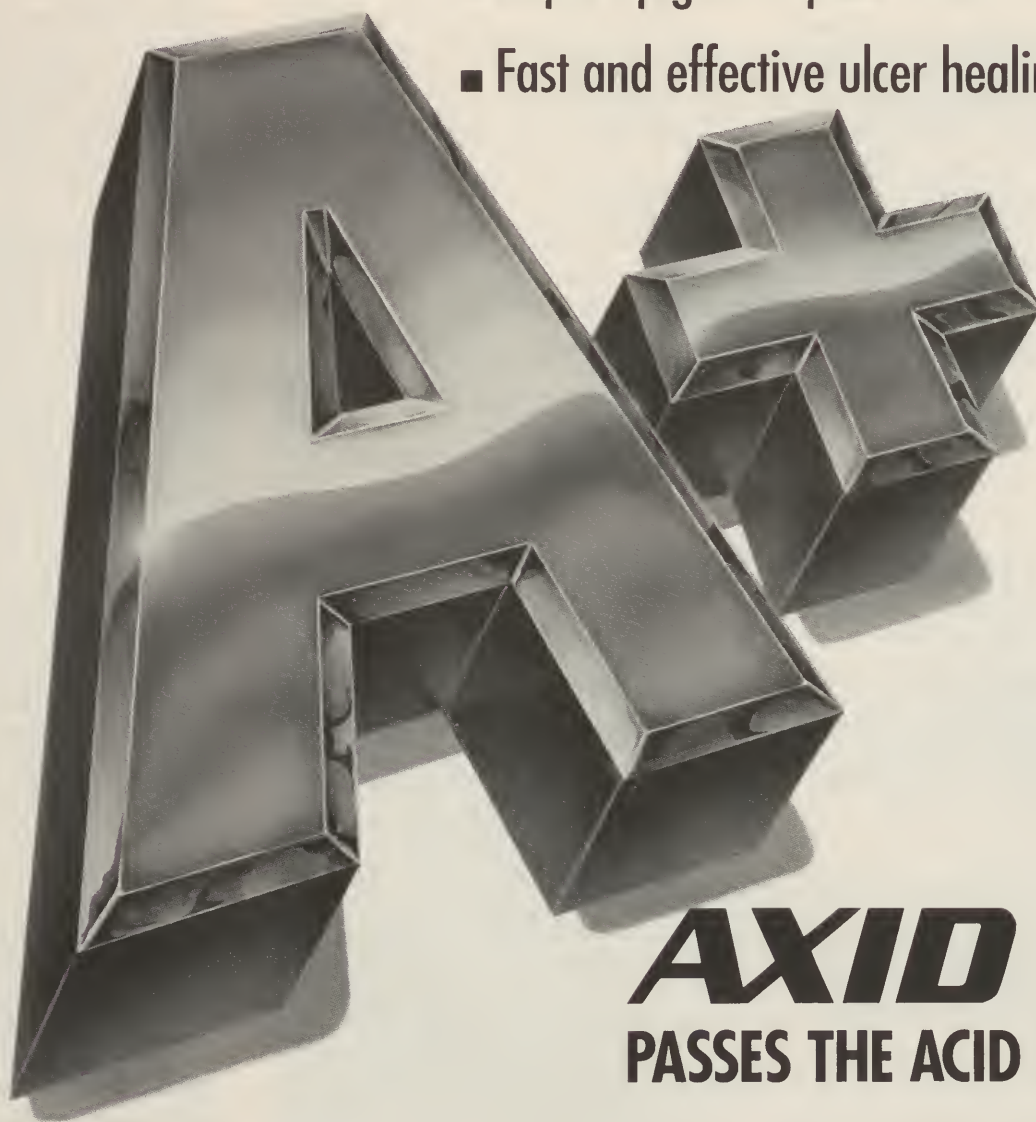
Presenting complaint and initial diagnosis – A 32-year-old woman
(continued on page 8)

For excellent response in the treatment of
duodenal ulcers...

AXID[®] nizatidine

has the right answers

- Rapid epigastric pain relief^{1,2*}
- Fast and effective ulcer healing^{2,3,4}



AXID

PASSES THE ACID TEST

*Most patients experience pain relief with the first dose.
See adjacent page for references and brief summary of prescribing information.

NZ-2943-B-149347

© 1991, ELI LILLY AND COMPANY

AXID[®] (nizatidine capsules)

Brief Summary. Consult the package insert for complete prescribing information.
Indications and Usage: 1. *Active duodenal ulcer* – for up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. *Maintenance therapy* – for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: *General* – 1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests – False-positive tests for urobilinogen with Multistix[®] may occur during therapy.

Drug Interactions – No interactions have been observed with theophylline, chloridazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility – A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutagenesis, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy – Teratogenic Effects – Pregnancy Category C – Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belled rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers – Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use – Safety and effectiveness in children have not been established.

Use in Elderly Patients – Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic – Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular – In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS – Rare cases of reversible mental confusion have been reported.

Endocrine – Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic – Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental – Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity – As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other – Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

PV 2091 AMP
[091190]

References

1. Data on file, Lilly Research Laboratories.
2. *Scand J Gastroenterol.* 1987;22(suppl 136):61-70.
3. *Scand J Gastroenterol.* 1987;22(suppl 136):47-55.
4. *Am J Gastroenterol.* 1989;84:769-774.

NZ-2943-B-149347

Additional information available to the profession on request.



Eli Lilly and Company
Indianapolis, Indiana
46285

Case in Point

(continued from page 7)

sought care from an internist over a seven-month period for chronic constipation, abdominal discomfort and occasional diarrhea. She said she had gone to an emergency room a few weeks earlier with the same complaints and that abdominal and rectal examinations were normal, as were abdominal x-rays. The internist prescribed a bulk laxative and advised her to return if she did not improve.

The case in brief – Two months later, the woman went to her obstetrician/gynecologist, who palpated a large malignant mass involving the rectosigmoid colon, the posterior

vagina and the posterior cervix. Extensive surgery was performed, resulting in a permanent colostomy. Radiation and chemotherapy were also initiated, but the patient died five months later.

The resulting claim – The family sued the internist for \$3 million, alleging delay in diagnosis and failure to observe the standard of care in seeking the cause of her complaints, including failure to do a rectal examination, order a guaiac test for occult blood in the stool, and failure to order sigmoidoscopic and/or colonoscopic procedures.

The outcome of the claim – The internist countered that colon cancer is extremely rare in patients under

50, and therefore he had not done the standard work-up for it. The case was settled for \$926,000.

The points these cases make – A recent analysis of 151 closed claims by the Physician Insurers Association of America revealed that claims for cancer of the colon and rectum are among the most expensive filed against physicians. Average payment was \$234,374 – more than twice the average value of all closed claims in the large PIAA data base. Payment ranged from \$1,500 to \$1.65 million.

Claim payment experience for the Illinois State Medical Inter-Insurance Exchange is similar. Since 1985, the Exchange has closed 12 of 27 "failure to diagnose" colon cancer cases with indemnity. Payments have

ranged from \$32,500 to \$1.034 million, with an average payment of \$322,875.

Internists, family physicians and general practitioners were the specialists most often named in colon cancer claims, followed by radiologists and general surgeons.

More than two out of five colon cancer cases were in an advanced state when diagnosed. Yet, 73 percent of the claims studied involved cases where the cancer was anatomically located on the left side, where it is easily diagnosed by fiber-optic sigmoidoscopy. Delay in diagnosis was cited in 97 percent of the claims.

Vasanth M. Surath, M.D., a Chicago internist and a member of the Exchange Risk Management Committee, notes that colon cancer is the second most common type of malignancy. "It is easy to pick up and often curable when detected and treated early," he says.

Dr. Surath offers the following suggestions for assuring that the presence of colon cancer is not overlooked in a patient:

- Suspect colon cancer when a patient complains of lower gastrointestinal symptoms, such as rectal bleeding, abdominal discomfort and changes in bowel habits.

"This should be true even in younger patients with such symptoms, particularly if these symptoms are of prolonged duration," Dr. Surath says. "While colon cancer is less common in patients under age 50, it does occur."

- Do a thorough physical examination, including a stool test for occult blood, and order appropriate tests, including fiberoptic sigmoidoscopy.

- Get a thorough family medical history. Ask if other family members have had colon cancer and note in the chart not only that the question was asked, but how it was answered. Repeat this question to the patient on an annual basis.

"Colon cancer tends to cluster in families, so a complete history is very important," Dr. Surath says. "For example, men tend to have more rectal polyps, which are hereditary, and those polyps can lead to cancer."

- If anemia incidentally is found, work up the patient until the cause is determined. One of the causes of unexplained anemia is cancer, usually colon cancer. Do not prescribe iron supplements for anemic patients without appropriate diagnosis.

- If examinations and tests are negative in a patient with unexplained rectal bleeding, monitor that patient closely and at regular intervals. Repeat diagnostic tests if necessary.

According to Dr. Surath, the high-profile colon cancer patient is a male with a history of rectal bleeding and bowel changes. "Any time a patient presents with unexplained rectal bleeding, a physician should not rest until he or she diagnoses the problem completely," he stresses.

- Consult a gastroenterologist (colonoscopist) when appropriate.

Dr. Surath also suggests wider use by physicians of recent advances in endoscopy. Fiberoptic sigmoidoscopy, for example, is a fairly simple procedure to test for colon cancer and other problems. It can be done in a doctor's office. ▲

Carol Brierty Golin is publisher of Medical Liability Monitor.

AMIC

A D V A N C E D
M E D I C A L
I M A G I N G
C E N T E R

The Advanced Medical Imaging Center
Announces the availability of

MRI

AMIC offers state-of-the-art in Magnetic Resonance Imaging. In addition to standard MRI examinations, MR angiography will be available.

Advanced equipment design allows improved patient comfort:

- ▼ Accommodates patients weighing up to 400 pounds
- ▼ Reduces patient apprehension and claustrophobia through:
 - ▼ Specially installed music system
 - ▼ Large diameter gantry

AMIC is a full-service facility committed to providing high quality imaging. Our commitment means:

- ▼ Convenient location and hours
- ▼ Fax reports within 24 hours
- ▼ Board Certified Specialists
- ▼ Registered and Licensed Technologists
- ▼ Courteous office staff
- ▼ Sensitive Patient Care

"Working with you to extend your reach of care."

Call today for an appointment or to request information.

(312)807-3555

Radiological Physicians Limited

Magnetic Resonance Imaging, General Radiology, Mammography, Ultrasound, Computed Axial Tomography and Nuclear Imaging.

Hours: Monday through Friday - 7:30 a.m. to 5:30 p.m. Saturday - 9:00 a.m. to 1:00 p.m.
The Garland Building, 111 North Wabash Avenue, Suite 620, Chicago, Illinois 60602

SIU medical school focuses on innovative teaching methods

by Catharine Reeve

"SPRINGFIELD IS FULL of frustrated thespians," says Richard Moy, M.D., and for 21 years dean of the Southern Illinois University School of Medicine in Springfield. The dean is not making idle chitchat; he is identifying an important resource for educating the medical students at SIU.

Dr. Moy's reference is to the school's use of "standardized patients" in its clinical training. Instead of learning on actual patients, SIU second-year students diagnose and determine treatment for patient stand-ins, also referred to as "standardized patients." The "patients" are local citizens, many of them retirees, carefully trained (and paid \$15 an hour) to simulate afflictions drawn from actual cases. With the stand-ins, the students must function "like doctors do," making decisions while dealing with such real-life problems as senile, agitated patients and distressed or angry relatives. Often the "patients" give the students feedback during the examinations. ("You didn't do that right.")

The standardized patient program, which SIU began 10 years ago, was the idea of Howard S. Barrows, M.D., associate dean for educational affairs. The program proved so successful as a clinical training technique, says Dr. Moy, that in 1986 SIU began using standardized patients in clinical skills examinations as well.

SIU is also recognized for its competency-based curriculum, where students study to reach pre-stated objectives and "recycle" until they demonstrate competency. "They learn in a cooperative environment, like adults," says Dr. Moy. "They don't compete against each other."

Two-thirds of graduates enter primary care medicine

These innovative curriculum changes are happening at a small school (72 students per class) that draws almost its entire student body from Illinois. Located 200 miles south of Chicago, where the surrounding landscape is a quilt of corn and soybean crops, the school was established to help meet the health needs of central and southern Illinois, where small towns need – but have a hard time getting – local doctors, particularly primary care doctors. (Currently, more than two-thirds of the graduating class goes into primary care medicine; of those, 25 percent go into family practice. But only about 40 percent of SIU graduates practice in Illinois.)

As a community-based medical school, SIU neither owns nor controls its own teaching hospital, but instead affiliates with two local hospitals, Memorial Medical Center and St. John's Hospital, where the clinical resources "can match anything in urban environments," says Dr. Moy. Students take their first year of basic science courses at SIU's Carbondale campus, then go to Springfield for the remaining three years.

Dr. Moy was an associate professor in internal medicine at the University of Chicago when he was offered the dean's chair at the proposed new medical school in Springfield in



Catharine Reeve

Richard Moy, M.D., has been dean of the SIU School of Medicine for 21 years. While still a faculty member at the University of Chicago, he says he discovered that his passion lay in administration and teaching, rather than research.

1970. Although previously a member of the National Cancer Institute, Dr. Moy had discovered that his passion lay in administration and teaching, rather than in research.

Dr. Moy welcomed the opportunity to try out pioneering ideas in medical education at a newly minted medical school. He also was well aware, however, that leaving a secure position at a highly respected university to go "down there" was a risk. He got support from his wife, Caryl, and from the words of theologian Paul Tillich, which he paraphrases: "One way you stay healthy is by constantly challenging yourself. To grow as a person, you have to take greater risks to realize what you can do." Leon Jacobson, M.D., then dean of the University of Chicago's medical school, also offered support. "He told me," says Dr. Moy, "I think you can do it. If you fall on your face, come on home."

SIU was still in the planning stages when Dr. Moy signed on. "For the first three months, I felt like a fireman charging down I-55 to put out fires," he says. "This was a big, big step for Springfield-area physicians. Some felt threatened that there would be too much competition."

The new dean put out a call for chairmen and administrators who "wanted to take full advantage of a new beginning in medical education, who wanted to give the education of medical students the primacy it deserves. And magnificent people signed on."

The combination of Dr. Moy's leadership and a faculty he credits with creativity and commitment has resulted in a unique educational module at SIU. The dean cites the Great Books curriculum, which he learned in high school from his mother and later studied at the University of Chicago, as a basis for SIU's program in medical humanities. Chaired by a philosopher-in-residence, the program focuses on sub-

jects such as death and dying, medical law and economics, values, and ethics. One result, says Dean Moy, is that SIU graduates are noted for their ability to relate to dying patients.

Self-directed program proving a success

The dean is also enthusiastic about SIU's new self-directed, problem-based learning program, another idea that Dr. Barrows introduced. A departure from the traditional lecture-based format, the program was begun in 1990 and is available to first- and second-year students. Dr. Moy believes that problem-based learning will probably be the model for teaching medical students in the next decade. "It makes good sense," he says. "Instead of fact memorization, you learn the principles of disease, how to learn, how to use information sources."

Students who elect the self-directed track ("You either love it or hate it," says the dean, so SIU has retained the traditional-module track) are divided into groups of six or seven. They are presented with a clinical problem (a patient with congenital heart disease who is in failure, for example). In order to solve the problem, the students must investigate a number of areas, including the anatomy of the heart, the physiology of circulation, microbiology, and the physiology of temperature and antibiotics, among others. A facilitator is available to guide them and keep them focused.

While many medical schools bemoan the lack of minority students, SIU has one of the highest African-American enrollments (12 percent) in the country. That's the result of MEDPREP, a post-baccalaureate program of special courses and tutoring for educationally disadvantaged students who show promise as physicians. "You've also got to have a

support system in place once the students are in school," says Dr. Moy.

Dr. Moy's influence has stretched beyond SIU. He became convinced that the National Board examinations most students take (and toward which many medical schools aim their curriculum) measured facts, not competency. As chairman of the United States Medical License Examination Composite Committee, he has been deeply involved in developing new "criterion-referenced" exams – as opposed to "norm-referenced," where a certain number of people must fail – which test competency. By spring 1995, Dr. Moy says, the National Boards will have metamorphosed into the new criterion-referenced United States National Medical Licensing Examination (USMLE). It will be the only licensing examination students will take and will be honored by all the states.

Meanwhile, Dr. Moy has his eye on how to keep medical education current with the growing trend in medical treatment to the outpatient setting. "It is caused by the economics of medicine," he says. "Patients are in the hospital for shorter times. The problem is the lack of time for the medical student to take histories, etc., in the outpatient setting, since students traditionally slow things down. That may not be economically feasible."

To partially address this problem, SIU is considering using standardized patients during the first year, as well as the second. Thus, by the time third-year students begin rotating in the outpatient clinics, they will be better prepared.

"One of my hopes," says Dr. Moy, "is that SIU will never lose that educational flag at the top of the pole. I do think that we have made a difference in medical education." ▲

This is the seventh in a series profiling Illinois' medical school deans.

Future bleak for state's assessment program for health care facilities

by Tamara Strom

THE FEDERAL GOVERNMENT released rules last month aimed at outlawing assessment programs that tax health care facilities on their Medicaid revenues to raise federal matching dollars.

This leaves 37 states, including Illinois, in danger of falling short in funding their Medicaid programs. In jeopardy for Illinois is more than \$640 million in federal funds.

"We don't really know yet what the effect will be; it's too soon to tell," said Mike Lawrence, Gov. Jim Edgar's press secretary. He said that although the governor was not surprised by the content of the rules, he was "disappointed" by the decision.

"The impression we have from state-ments is they intend to knock out programs in more than 30 states," Lawrence noted.

The assessment program is a critical component of the balanced state budget Edgar signed in July. Without the infusion of the additional federal funds to raise the reimbursement rate, hospitals and other health care facilities would be left with the 5 percent rate cut for Medicaid services outlined in the budget, putting some at risk for closing, observers say. Physicians already have absorbed a 5 percent rate cut for fiscal 1992, according to the budget agreement.

As written, the rules spell the demise of the Illinois plan. Although the U.S. Health Care Financing

Administration's interim final rules are ambiguously written, they clearly rule out the legality of the Illinois plan. HCFA plans to release a clarification of the rules shortly.

Illinois' program would be disallowed because the taxing structure of the statute does not meet the regulations. Under the Illinois statute, nursing homes and intermediate care facilities for the mentally retarded are both taxed at a rate of 15 percent of their gross public aid revenues for last fiscal year. Hospitals, however, are taxed according to a complex formula based on their fiscal 1991 and 1992 Medicaid revenues. Because the tax rates are not the same, Illinois' program seems to be disqualified under the rule.

And while Illinois' plan does tax at least one non-institutional provider type — community health centers — as mandated by the new regulation, the tax is not the same as that imposed on the institutional providers. Community health centers would be taxed at 15 percent of their projected current year public aid revenues. Again, this seems to void the program, some analysts say.

In addition, even if the state alters the tax structure to conform to the regulations, it is unclear how the state can spend its matching funds. The rule does not explicitly outline that states can use the funds to dramatically raise reimbursement rates for providers. Raising rates was a major impetus behind imposing an assessment program in Illinois.

'Interim final rule'

Because HCFA released what it calls an "interim final rule," the agency will accept comments until Nov. 11, but its substance is unlikely to change. The prohibition on states collecting matching funds on donations or involuntary provider-specific taxes would go into effect Jan. 1, 1992. HCFA had published a proposed rule in February 1990 stating its intent to limit matching fund programs, but Congress placed a moratorium on the rule until Jan. 1, 1992.

The new rule evolved from a U.S. Department of Health and Human Services and Office of Management and Budget task force report that recommended states no longer be permitted to use assessment programs to "merely shift Medicaid costs to the federal government," according to an HHS news release.

If assessment programs are permitted to increase in number, they "will stretch the Medicaid program beyond its original intent and make Medicaid essentially a federal health program," the task report said. HHS and OMB estimate that federal Medicaid costs could soar to \$200 billion a year by 1996 if steps are not taken to curb federal contributions.

In announcing the rules, HHS Secretary Louis W. Sullivan, M.D., called the plans "devices [that] are contrary to the cost-sharing partnership that is the hallmark of Medicaid."

Governor outspoken

Edgar has been outspoken in his support for the assessment program for months. During the August meeting of the National Governors' Association in Seattle, he assumed a leadership role in urging the Bush administration to allow states flexi-

bility in funding their Medicaid programs. Provider-specific assessments give states that flexibility, Edgar said.

With publication of the interim final rule in the *Federal Register*, Edgar is continuing his fight. He believes it is unfair that the government is "changing the rules in the middle of the game," his spokesman said. When the Illinois program was crafted this spring and summer, it was in full compliance with the law and the published rules at the time, Lawrence noted.

"The governor feels that the federal bureaucrats have gone beyond the law and exceeded their authority," Lawrence said. "The governor is concerned that health care for the poor could be affected. Some hospitals and nursing homes indicated they would close if reimbursement levels were lowered. That's what's at stake here. The governor will balance his budget no matter what."

"The real issue is whether health care programs for the poor will be funded at levels approved by the governor and the General Assembly," Lawrence said. "If for some reason this program is not permitted to continue, health care programs for the poor will be impacted adversely."

Therefore, despite uncertainty about the Illinois program's legality, Edgar and the Illinois Hospital Association, which pushed hard for the assessment plan, are vigorously lobbying the Illinois congressional delegation. They hope to stimulate intervention to force HCFA to change its rule. In addition, federal officials indicate they are expecting a flood of lawsuits by states seeking to retain their provider-specific assessment programs, Lawrence said.

The Edgar administration still plans to go ahead with "billing" health facilities for the first round of assessments. This will ensure the program will be ready on Jan. 1, 1992, if Congress steps in.

Although Congress has historically backed the states in their fight to keep matching schemes, the stakes are higher now. With a total of 37 states on the assessment program bandwagon, up from 18 last year, federal Medicaid funding could rise by an additional \$3 billion in fiscal 1991 due to assessments, with total spending skyrocketing to the \$200 billion figure by 1996. That price tag might be too high for Congress to intervene this time, observers note.

"We're hoping Congress will overrule the decision, or at least place a moratorium on the rule temporarily," said IHA spokesman Jim Dwyer.

Dwyer said IHA remains committed to its stance that the state must resume its "responsibility" to fully fund the Medicaid program. Despite its role in drawing up the plans for a generous assessment program that was later tightened through budget negotiations, IHA viewed the assessments only as a stopgap measure to tide the health facilities over until the state's economy brightened.

"We do not believe any assessment program should be permanent," Dwyer said. "It's a good temporary measure to get the new Medicaid payment system [based on diagnosis-related groups] running. The assessment program is far more fair and equitable than the previous Medicaid system [for hospitals]." ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in *Rauwolfia Serpentina* (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

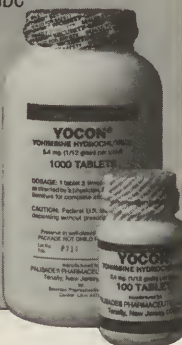
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

New Humana PPO begins operations as CEO departs

by Anna Brown

DESPITE ITS STRUGGLE to keep the recently purchased Humana Hospital-Michael Reese financially on track, Humana Inc. is making inroads in the Chicago health care market with its lucrative Michael Reese HMO and a new preferred provider organization.

And in the wake of the Sept. 9 departure of the hospital's Chief Executive Officer Kenneth W. Wood, Humana is downplaying reports of further Michael Reese financial woes.

Humana has already contracted 1,000 area physicians for the PPO, and the company hopes to increase that total to 2,000 by January 1992, said Tom Noland, Humana's vice president of communications.

"Michael Reese is on much firmer footing since it was purchased," said Noland. "We've made tremendous progress in the areas of physician relations. The outflow of patients has halted. We have better community relations and employee benefit programs. Humana has gone to great efforts to get to know Chicago."

According to Noland, Wood's departure after only six months is not indicative of Humana's inability to resuscitate the ailing Humana Hospital-Michael Reese. Wood, a native of Savannah, Ga., will return to his hometown solely for family reasons, Noland said. While Humana conducts a search for a new CEO, Noland said, Michael Reese will be run by Karen A. Coughlin, Humana's vice president of Chicago operations, and the hospital's executive director Samuel M. Holtzman.

Still 'very committed to Michael Reese'

"Humana is doing in Chicago what we've done in many cities with a hospital in trouble," Noland said. "Through our network of 81 hospitals we are able to pinpoint the efficiencies that help get individual hospitals back on track. We are completely on schedule to turn Michael Reese around."

"Humana is very committed to Michael Reese Hospital," Noland added. "It is a hospital rich in tradition with excellent employees."

Noland said Humana expects the PPO, which began operations Oct. 1, to help funnel paying patients to Michael Reese, and that a few employer groups have already contracted with the plan. "Chicago is very fertile ground for managed care. It is relatively new in the city, and we think it is a very viable alternative."

"Managed care is what we do best," Noland said. "We want to expand in the metropolitan Chicago area, so we are offering employers a spectrum of options."

The PPO plan is being sold through area brokers, and Humana is expanding its sales and marketing force in order to bring services to the suburbs, Noland said. "There is a real opportunity in the Chicago market for managed care plans, especially plans like ours that offer several options."

Humana Hospital-Michael Reese is operating under the umbrella of the Humana Health Plans, serving as a

principal provider for area patients. But Noland said that one hospital cannot provide care for all plan patients in the Chicago area, adding that 20 other area hospitals have also contracted with Humana.

Noland said starting the PPO was a challenge different from taking over the Michael Reese HMO. "One reason we could expand on the PPO was because the HMO was already up and running," he said, "but Humana has had lots and lots of practice with managed care programs."

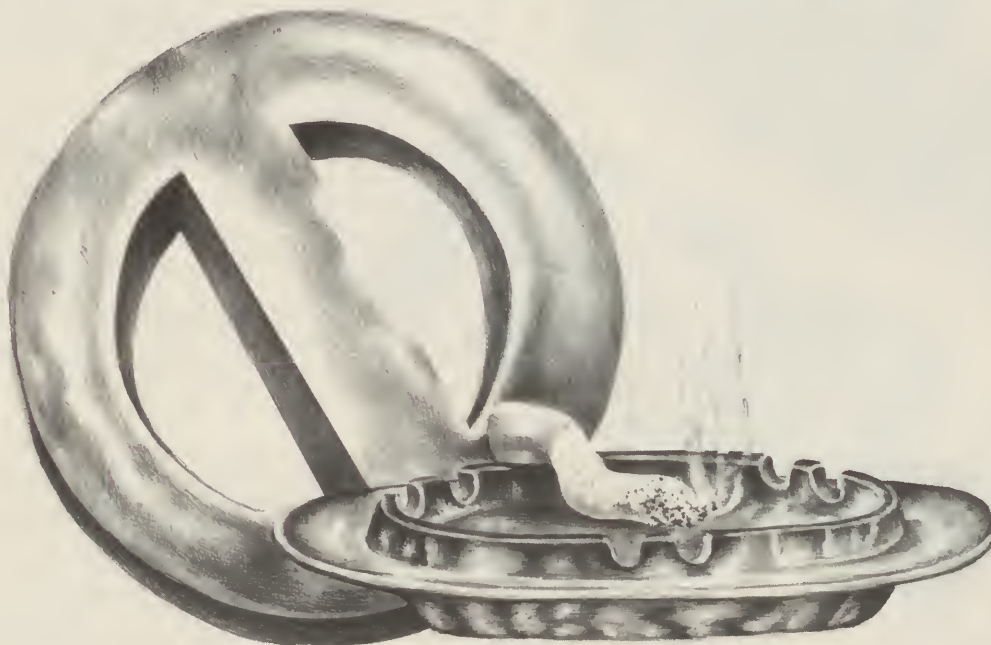
Based in Louisville, Ky., Humana

Inc. is one of the largest health care companies in the world. It was formed in 1972 by its current CEO David A. Jones and President Wendell Cherry, who have purchased hospitals and health plans throughout the United States and in several foreign countries. The March 1991 purchase of Michael Reese Hospital and HMO in Chicago helped mark Humana's entry into the Illinois health care environment. Humana initially sought only to acquire the HMO, but the Michael Reese board negotiated a package deal that included the hospital. ▲



Former CEO Kenneth W. Wood

You've Earned A Big 20% Discount Off The New PBT Term Life Plan



THANKS FOR NOT SMOKING

The PBT's new low-cost, Term Life Plan makes life coverage even more affordable for non-smoking physicians. Take advantage of our 20% discount for non-smokers. Take another 10% discount for coverage over \$250,000.

With the new PBT Term Life Plan, you can now purchase up to \$400,000 of life coverage. We designed the new PBT Term Life Plan specifically to meet the needs of physicians based on member preference studies. It's what you expect from the Chicago Medical Society and Illinois State Medical Society. After all, the PBT is Just What The Doctors Ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

- ☐ Please send information about the **PBT Term Life Plan** sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Medicare Supplement
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

HCFA chief shares views on CLIA, liability reform, health costs

The head of the U.S. Health Care Financing Administration talks about CLIA, national health insurance, the RBRVS behavioral offset and restraining health care costs.

by Tamara Strom

WHEN THE REVISED Clinical Laboratory Improvement Amendments are finally released, they will be "much less onerous and much more reasoned" than earlier drafts, Gail Wilensky, Ph.D., administrator of the U.S. Health Care Financing Administration, promised *Illinois Medicine*.

Scheduled for release by year's end, with implementation about four months later, the final rule will be more "reasonable" than the pro-

posed rules that drew the ire of physicians around the nation, Dr. Wilensky said. She added that the rule "will not put labs doing good work out of business."

"The types of concerns that were very legitimately raised have been dealt with in a major way, but you'll have to wait and decide whether you think we have dealt with them as completely" as physicians hoped, Dr. Wilensky said of the 60,000 comments on the proposed CLIA regulations that flooded HCFA in 1989. Before organized medicine dispatched more than 95,000 letters to Washington complaining about the proposed resource-based relative value scale Medicare payment re-

form system, the comments about CLIA had been HCFA's "all-time record," she added.

Although physicians can expect modifications to the draft regulations released last year, the final rule will still set increased regulatory requirements for laboratory testing. "I do want to warn physicians that there is no way we can get involved in regulating these laboratories and not pose any additional burden over what existed before they were regulated," she cautioned.

Categories of tests, personnel requirements and proficiency testing mandates all will be modified in the final rules, she said. HCFA worked

closely with the U.S. Public Health Service and held a series of technical meetings with medical experts to "review and revise" regulations.

But the agency "did not ask for this legislation," Dr. Wilensky said. "I just want to make sure you understand that the notion of having [the U.S. Department of Health and Human Services], and HCFA in particular, regulate every physician office laboratory and every independent laboratory in the country was not something we sought," she explained. "The poor performance of a small number of laboratories hurt the whole, and has caused a change that will impact all physicians and all laboratories."

On reining in health care costs

Dr. Wilensky said the most pressing problem facing the Medicare system is the impending bankruptcy of the Social Security trust fund that pays for health care for the elderly. This problem must be addressed in the next decade, she said, stressing that at current utilization rates, the trust fund could run out of money by the year 2005.



M. Candee Studios

"I want to warn physicians that there is no way we can get involved in regulating laboratories and not pose any additional burden."

— Gail Wilensky, Ph.D.

The situation is getting worse, she said, because of the country's changing dynamics — more people making use of the fund and fewer contributing. "We're going to have to deal with that," Dr. Wilensky said, "either by changing the financial basis of Medicare or the benefit package or the eligibility or some combination of all three, but that is not an issue people have wanted to deal with at the present time."

So until elected leaders find the political will to address the serious funding problems that could put Medicare in jeopardy, Dr. Wilensky said, there are options the government can exercise to rein in spending. Personally, she said she favors encouraging coordinated care strategies as an alternative to "a la carte fee-for-service medicine." As examples she cites physician networks, preferred provider organizations and health maintenance organiza-

Second of two parts

BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. And enjoy the satisfaction of a general practice without the financial and management burden. Today's Air Force offers an exciting medical environment and a non-contributing retirement plan for physicians who qualify. Learn more about becoming an Air Force physician. Call

**USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF**



tions, which offer "better incentives" to curb physician spending while keeping medical decision making in the hands of physicians.

"One of the concerns I have is that while the relative value scale will [improve] some of the incentives [regarding] primary care and [its] practice in rural America, the relative value scale is fundamentally still fee-for-service medicine, which carries with it all the incentives for more services," Dr. Wilensky explained.

On the medical liability crisis

"We need to do something about the liability system," Dr. Wilensky said, noting that the current system rewards physicians for practicing costly defensive medicine. "The liability system is clearly exacerbating an already bad problem. There is very little reason [for physicians] to do less and a lot of reasons to do more, especially when doing more is also financially rewarded and provides the individual or institution some protection against future liability."

Dr. Wilensky advocates reforms "along the lines [of what] the president has suggested," with states receiving financial incentives to enact liability reforms. President Bush sent a liability reform measure to Congress in May that, among other things, calls for states to implement caps on non-economic damage awards for medical malpractice cases. "There are a lot of things that we need to try to turn around if we are going to reduce the growth rate of expenditures," she noted.

Consumer attitudes also are an important piece of the health care cost puzzle, she said, adding that people must assume more responsibility for their own health care. Dr. Wilensky called for a reduction in Americans' "seeming unending appetite for the latest in every technology," but said "that may or may not be something that is susceptible to change. We need to at least make sure that the economic incentives push us in a useful direction."

On national health insurance

National health insurance, or some form of broad universal health care system, is not likely to "get off the ground" in this country, Dr. Wilensky predicted. "We're just too different," she said. "What is an appropriate program for Canada or West Germany in my opinion is not going to make it in the United States."

After spending the congressional summer recess traveling to such locales as Peoria, rural Georgia, Montana, Wyoming, Maine and Minnesota, Dr. Wilensky said she is "overwhelmed by the diversity of opinions, the views of the appropriate role for government, the sense about what ails our system and what [people in different states would] like to see different."

The notion of creating a "single, national, uniform anything" that would respond to all of the country's constituencies "sort of defies my imagination," she said. For example, in Maryland and Massachusetts social problems are meant to be solved by government and there is "no concept" of too much regulation. People in Montana, Wyoming and rural Colorado, however, believe in solving problems by not "having major 'in-your-face' government involvement in their daily life," she said.

While the country lacks consensus

about how to solve cost and access problems, to Dr. Wilensky the problem is more fundamental. "I think what we're going to have to decide is how we want to go about responding to problems we have in our health care system, but that doesn't mean national health insurance."

On RBRVS behavioral offset

Dr. Wilensky said she "strongly disagrees" with the American Medical Association's contention that RBRVS cannot be budget neutral with a behavioral offset in place.

"Restoring the \$6.9 billion was exactly what was needed to make it budget neutral, and to not have a basic behavior offset is what would violate budget neutrality," she said. Dr. Wilensky was referring to the administration's concession to restore the "out-year savings" of nearly \$7 billion

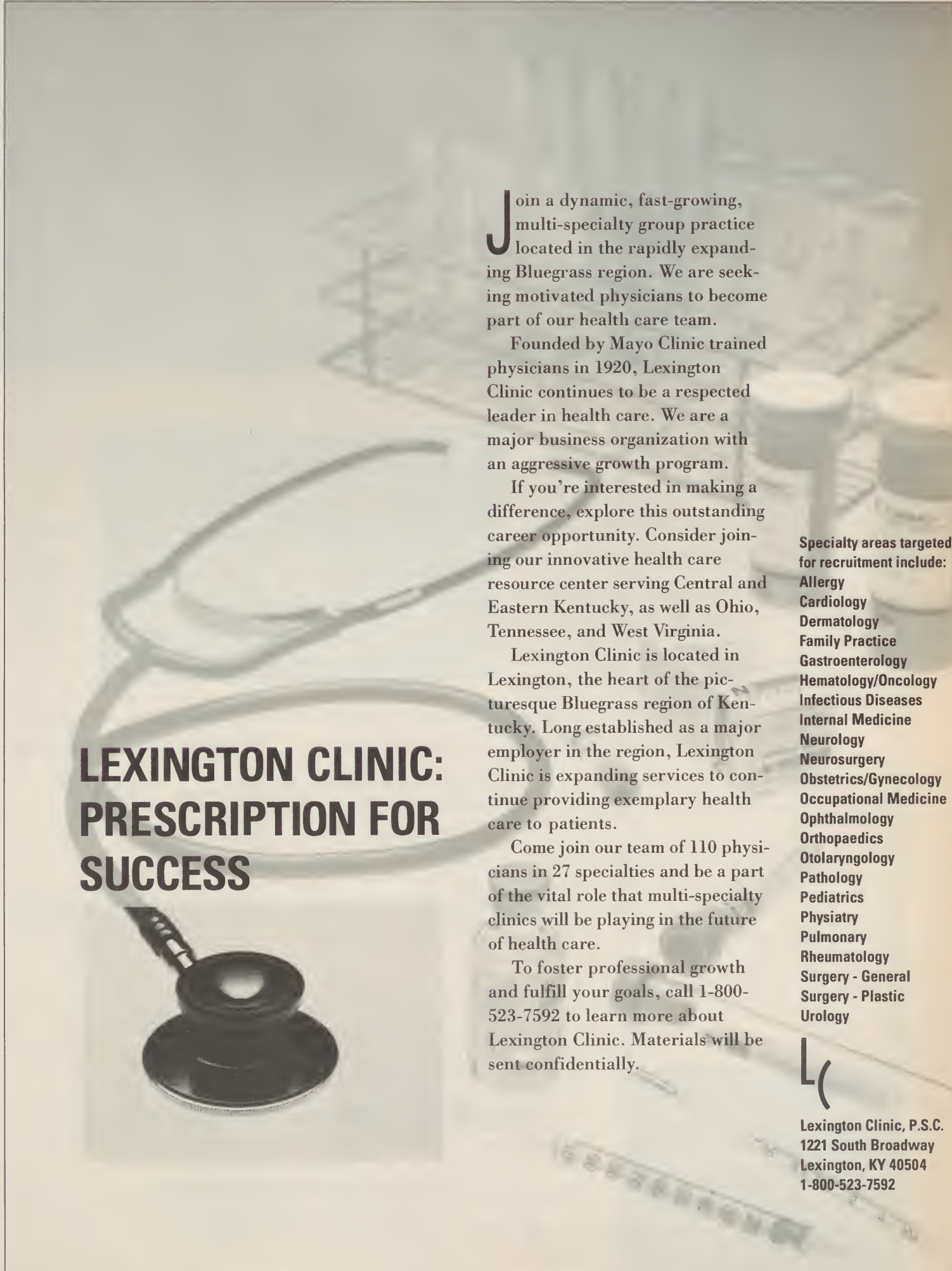
included in the RBRVS proposal.

"The Congressional Budget Office [also] believes that budget neutrality for 1992 requires a behavioral offset," Dr. Wilensky continued. "We just have so much evidence that when you [account for] the changes involved in the relative value scale — which includes more limits on balance billing, more visits demanded by the elderly, plus the coding changes involved, plus the fact that some physicians will have reduced fees — that these together will increase expenditures."

Dr. Wilensky also disputed the AMA's claim that the Medicare Volume Performance Standard will hold down physician spending. A two-year lag exists before the MVPS kicks in, she said, leaving the government unable to ensure budget neutrality in 1992. "In addition, you have a bigger

base that you are carrying around, and the volume performance standard does not allow you to make any adjustments in the base when the expenditures are bigger in the early years," she said.

As an example, she cited an employer's preference for giving bonuses instead of wage increases. If physician spending rises above budgeted levels before the MVPS takes effect, there will be no way to adjust spending levels downward, she claimed. "And there is nothing in the volume performance standard to make an adjustment for that," Dr. Wilensky said. "It is true that the volume performance standard is what Congress hopes will moderate physician spending in the future, but the volume performance standard is not something that will result in budget neutrality." ▲



LEXINGTON CLINIC: PRESCRIPTION FOR SUCCESS

Join a dynamic, fast-growing, multi-specialty group practice located in the rapidly expanding Bluegrass region. We are seeking motivated physicians to become part of our health care team.

Founded by Mayo Clinic trained physicians in 1920, Lexington Clinic continues to be a respected leader in health care. We are a major business organization with an aggressive growth program.

If you're interested in making a difference, explore this outstanding career opportunity. Consider joining our innovative health care resource center serving Central and Eastern Kentucky, as well as Ohio, Tennessee, and West Virginia.

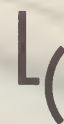
Lexington Clinic is located in Lexington, the heart of the picturesque Bluegrass region of Kentucky. Long established as a major employer in the region, Lexington Clinic is expanding services to continue providing exemplary health care to patients.

Come join our team of 110 physicians in 27 specialties and be a part of the vital role that multi-specialty clinics will be playing in the future of health care.

To foster professional growth and fulfill your goals, call 1-800-523-7592 to learn more about Lexington Clinic. Materials will be sent confidentially.

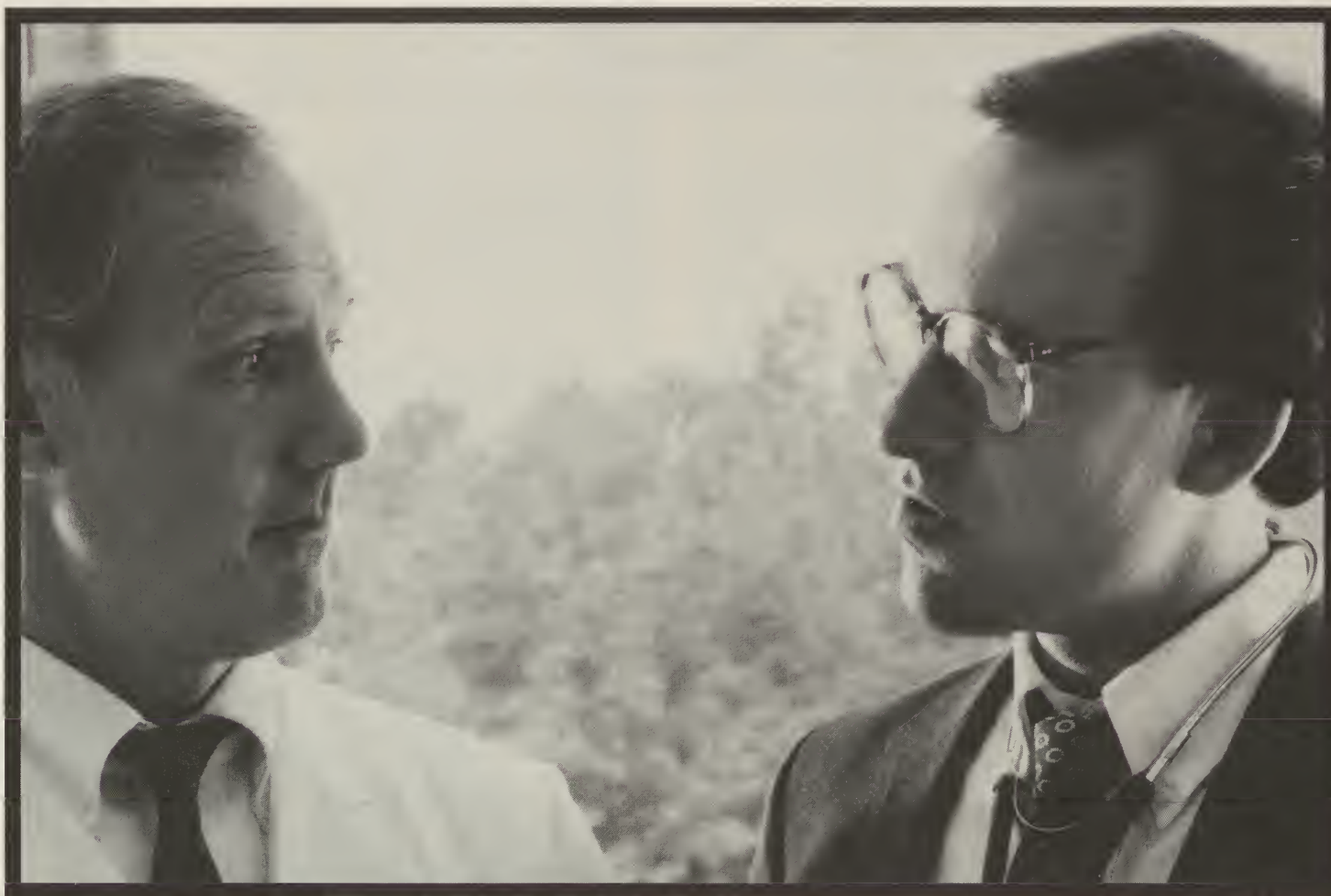
Specialty areas targeted for recruitment include:

Allergy
Cardiology
Dermatology
Family Practice
Gastroenterology
Hematology/Oncology
Infectious Diseases
Internal Medicine
Neurology
Neurosurgery
Obstetrics/Gynecology
Occupational Medicine
Ophthalmology
Orthopaedics
Otolaryngology
Pathology
Pediatrics
Physiatry
Pulmonary
Rheumatology
Surgery - General
Surgery - Plastic
Urology



Lexington Clinic, P.S.C.
1221 South Broadway
Lexington, KY 40504
1-800-523-7592

"Can They Take Care of Everything?"



When one of your patients requires cancer treatment, you can feel confident they'll receive the best care at Decatur Memorial Hospital's Cancer Care

Institute. Our comprehensive program applies a multi-disciplinary approach.

DMH has our area's only comprehensive cancer program — everything from research, education and screening for early detection to treatment and support.

It includes diagnostic capability, advanced technology and nationally affiliated research. You can rely on more than 20 years of expertise.

Call the DMH Cancer Care Institute.

Because now is not the time to take chances.

Call: 217-877-8144 ext. 2380

Monday - Friday, 8 a.m. - 5 p.m.

Because now is not the time to take chances.



**CANCER CARE
INSTITUTESM**

Serving the region for more than 20 years.

a service of
Decatur Memorial Hospital
2300 North Edward Street
Decatur, Illinois 62526

Caution: Even minor lab tests may be subject to CLIA rules

by Tamara Strom

WITH THE SPECTRE of impending federal clinical laboratory regulations hanging overhead, physicians should move quickly to check the status of their in-office laboratories. Offices that perform even simple screening tests on patients could be subject to regulation by the federal government under the CLIA rules.

To prepare, physicians can use provisions of the Illinois Clinical Laboratory Act as a guide. Doctors must keep in mind, however, that the federal rules have not yet been released and there is no way at the present time to know for certain how far reaching the new clinical laboratory regulations will be.

"There's nothing like a dark cloud on the horizon that doesn't move toward you," said Rebecca Friedman, chief of the Illinois Department of Public Health's Division of Health Care Facilities and Programs, about the difficulty physicians are having preparing for CLIA implementation.

Educating physicians about the exact requirements for lab quality control and proficiency testing is a problem because the federal rules have been in limbo so long. According to the U.S. Health Care Financing Administration, the federal agency responsible for writing and enforcing the regulations, the rules should be released by the end of the year and implemented four months later.

Therefore, Illinois physicians should not assume they do not operate an office laboratory because they perform only simple tests. In fact, quite the opposite may be true.

Physicians "need to heed the message" that it is time to prepare for the impending federal lab regulations, said Richard J. Sassetti, M.D., chairman of the Illinois State Medical Society Committee on Blood Banking and Laboratory Services.

"Many physicians believe that simple tests such as urinalysis and blood glucose tests are not laboratory testing," Dr. Sassetti said, explaining that medical education has trained doctors to consider some tests as part of a thorough medical history, not a laboratory work-up.

"But the government may not

share this feeling," he said. "Every specialty has some test unique to its practice that may be considered laboratory work by the CLIA definition. Without knowing what the final regs will say, our concern is that anything you do may be included."

Under Illinois law, the Department of Public Health has the authority to regulate permit-level laboratories. Laboratories covered by state regulation are defined as those where physicians perform more than specified minor tests for their own patients or where lab services of any kind are provided for anyone outside the practice. Physicians performing specified minor tests on their own patients do not currently have to register their labs with IDPH. But the same probably will not be true once the federal regulations go into effect. Although some tests may be granted a "waiver" under the CLIA rules, there is no guarantee — in fact it is highly unlikely — that the federal exempt list will match that of Illinois.

"There will be very few, if any, exemptions," Dr. Sassetti predicted. Physicians should attempt to comply with the state regulations as "a dress rehearsal" for meeting requirements of the federal law, he suggested.

"The real failing I see is that some physicians doing office lab work may lack a basic understanding of quality control," Dr. Sassetti explained. "Physicians need to understand the complexities of quality control and proficiency testing. This is where we need physician education."

As an example, he cited a centrifuge in a physician's office. "Now, everyone knows that the centrifuge works because it's being used," he explained. "But physicians often have documentation failings in quality control. That is, the physician may not have written documentation that the centrifuge works."

Many physicians also are not participating in outside proficiency testing programs to check their lab results, according to IDPH. Under current state law, all permit-class laboratories must perform proficiency tests for all tests and test methods used in the lab. Mandated proficiency testing is expected under CLIA for al-

HCFA (continued from page 1)

to impose a staggering \$10,000 a day penalty for late surveys. With the extension, however, the clock will not begin ticking until Nov. 1, giving physicians another chance to meet the government's deadline without facing civil monetary penalties.

And the deadline extension seems to have been granted just in time. As of Sept. 20, only 715 Illinois physicians — of the 4,147 who must complete the survey — had returned it, according to a HCFA official. Of the 465 hospital and institutional labs that must complete surveys, only 87 had done so, the official added.

All physicians who billed Medicare for more than 20 laboratory tests in the 80000 series for clinical diagnostic labs in the Current Procedural Terminology (CPT) codebook must complete a survey, according to HCFA. Therefore, even though

physicians may not consider themselves to be operating a clinical laboratory, simply by billing Medicare for more than 20 lab procedures in the 80000 series they are considered by the government to be performing clinical laboratory services.

Any physician not completing a survey who subsequently bills Medicare for lab services will be subject to fines up to \$15,000 and non-payment of the Medicare claims, under penalties in the Social Security Act. Any physician billing Medicare for laboratory services who has not received a survey should call Blue Cross and Blue Shield to obtain one.

HCFA is surveying physicians to prepare for enforcing federal regulations that will restrict physician referrals for laboratory services. The regulations, slated for implementation Jan. 1, 1992, were mandated by the Omnibus Budget Reconciliation Acts of 1989 and 1990.

State-approved proficiency testing services

American Academy of Family Practice
Proficiency Testing Program (AAFP-PT)
8880 Ward Parkway
Kansas City, Mo. 64114
(800) 274-2237

American Association of Bioanalysts
205 W. Levee
Brownsville, Texas 78520
(800) 234-5315

American Society of Internal Medicine
Medical Laboratory Evaluation
(MLE) Program
1101 Vermont Avenue, N.W., Suite 500
Washington, D.C. 20005-3457
(800) 338-2746

College of American Pathologists Survey
Subscription Program (Excel Program)
325 Waukegan Road
Northfield, Ill. 60093
(800) 323-4040

Wisconsin State Laboratory of Hygiene
Clinical Proficiency Testing
465 Henry Hall
Madison, Wis. 53706
(608) 262-3438

Illinois Department of Public Health
Division of Laboratories
825 N. Rutledge Street
Springfield, Ill. 62794-9435
(217) 782-6562
Testing limited to blood alcohol, syphilis
serology and PKU quantitative.

most all laboratory tests a physician performs, IDPH said.

Proficiency testing must be performed as if the laboratory was running "just another patient sample," said Peter J. Soto, M.D., chairman of the Illinois Clinical Laboratory and Blood Bank Advisory Board. "This is a big, but necessary, undertaking for everybody involved," Dr. Soto said. "Laboratories must incorporate quality control and proficiency testing procedures into routine practice."

In addition, physicians should not believe that their scores on proficiency tests are meaningless, IDPH said. The agency receives copies of physicians' proficiency testing results and can tell "who's passing and who's not," Friedman said. IDPH has the statutory authority to ban a lab from performing specific tests if the lab repeatedly fails to prove it is achieving satisfactory results through proficiency testing, she explained.

Under the impending federal rules, the government will be able to not only revoke a laboratory's license for failing proficiency testing, but can withhold reimbursement for Medicare and Medicaid laboratory claims, IDPH said.

Because much of the available information about quality control and proficiency testing is technically written, and therefore difficult for those not schooled in laboratory science to fully comprehend, physicians are encouraged to seek help in complying. Until the federal rules are implemented, doctors can call IDPH for assistance at (217) 782-6747. ▲

THE GRADUATE SCHOOL OF MEDICINE ACCME Accredited

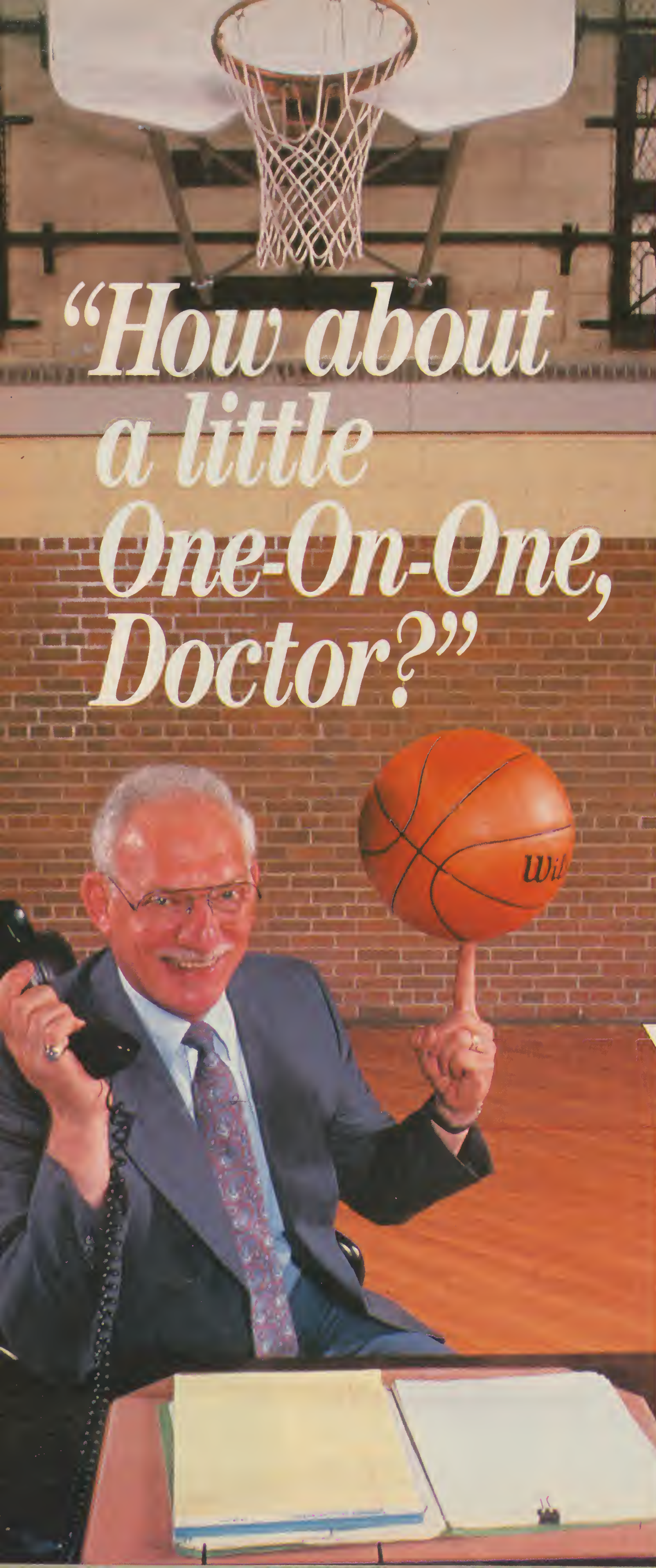
October 1991 — March 1992

- ☐ Specialty Review in Pediatrics
October 20 — 26, 1991
- ☐ Specialty Review in Obstetrics and Gynecology: Practical Aspects
October 27 — November 2, 1991
- ☐ Flexible Fiberoptic Sigmoidoscopy
November 2, 1991
- ☐ Fiberoptic Esophagogastroduodenoscopy
November 4 — 6, 1991
- ☐ Sports Medicine
November 6 — 8, 1991
- ☐ Advances in Internal Medicine
November 11 — 14, 1991
- ☐ Current Clinical Neurology
November 11 — 15, 1991
- ☐ Clinical Decision-Making
November 15 — 16, 1991
- ☐ Specialty Review in Thoracic Surgery
January 6 — 11, 1992
- ☐ Review Course in Neurological Surgery
February 7 — 16, 1992
- ☐ The Biologic Basis of Neurology and Psychiatry
February 17 — 21, 1992
- ☐ Specialty Review in General Surgery, Part II
February 17 — 24, 1992
- ☐ A Review of Clinical Psychiatry
February 24 — 28, 1992
- ☐ Advances in Family Medicine
March 2 — 6, 1992
- ☐ Specialty Review in Geriatrics
March 2 — 6, 1992
- ☐ Advances in Pediatrics
March 2 — 6, 1992
- ☐ High-Risk Obstetrics
March 12 — 14, 1992
- ☐ Fiberoptic Colonoscopy
March 18 — 20, 1992
- ☐ Fiberoptic Esophagogastroduodenoscopy
March 23 — 25, 1992
- ☐ General Surgery Update (Sea Island, Ga.)
March 23 — 26, 1992

For complete information,
call toll-free

1-800-621-4651

or write to us at
**707 South Wood Street
Chicago, Illinois 60612**



“How about a little One-On-One, Doctor?”

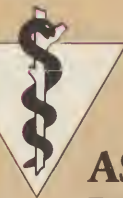
Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,000 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go "one-on-one" with the president of any other insurance carrier. Then call Henry.

P.S. — We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Flu vaccine project

(continued from page 1)

The flu vaccine being administered under the project is considered effective in providing protection against the common viral strains likely to circulate in the United States.

"Clearly, this is an important project," says Dr. Lumpkin. "But last year we had a light flu season, so it's too early to tell if the project will demonstrate what we expect."

The statistical analysis will be handled by HCFA and the CDC. If the project proves successful, the cost of influenza vaccinations will become automatically reimbursable through Medicare Part B.

In the 1990-91 season, the project made 95,000 doses of influenza vaccine available to participating Illinois counties. For the 1991-92 season, 120,000 doses are available. Physicians pay nothing for the vaccine and are reimbursed \$8 for each patient to whom they administer it.

In Illinois, 544 physicians out of 925 who are eligible are participating in the program. To be eligible, physicians must be treating patients who are insured under Medicare Part B. They may not charge for an office visit when patients come in only for the vaccine, and they must agree to accept the \$8 assigned fee. Health departments also receive free vaccine and can submit reimbursement claims for \$4 per patient.

In 1990-91, Illinois physicians and health departments submitted 75,000 claims for reimbursement, according to Karen McMahon, IDPH

influenza program coordinator. IDPH reviewed the claims, and sent them to Travelers Insurance in Virginia. Most providers were reimbursed within 30-45 days. "We had no major complaints last year," says McMahon. "Everyone was reimbursed fairly rapidly."

Special "line listing" reimbursement forms with room for 10 patients per page (approved for the influenza project only), simplified the reimbursement procedure. In Adams County, where influenza vaccinations increased by 32 percent last year, health department director Gene Mann notes, "We couldn't participate if we had to use the standard billing form. It requires gathering too much information. Right now at \$4 per patient we break even."

Letters sent by Medicare to those insured under Part B increased public awareness of the importance of flu inoculation. According to a Springfield health department spokesman, in the 1990-91 season the department vaccinated two to three times as many people as in past years.

To publicize the need for immunizations, John K. Scott, M.D., chairman of the Health Promotion and Prevention Committee at the Quincy Physicians and Surgeons Clinic in Quincy, used letters and posters. He had a stamp added to hospital charts at St. Mary's and Blessing Hospital, making it easy for physicians to order flu shots for hospitalized patients.

Dr. Scott hopes Medicare Part B will cover the inoculations when the project ends, but points out that this

will not cover inoculations for hospitalized patients. "The hospitals will have to make the cost of the vaccination out of the DRG," he notes. "If they aren't willing to do that, we'll miss a whole group of people who we could easily vaccinate."

This year's flu immunization season has just begun. In conjunction, Oct. 21-25 has been designated National Adult Immunization Awareness Week. During this week, activities will be conducted to remind physicians and the public of the need for adults to be protected against a variety of vaccine-preventable diseases.

While extensive childhood immunization programs have been successful in reducing the occurrence of such diseases, programs for adults are not as common. Besides influen-

za, health officials recommend that adults receive vaccinations for diphtheria, hepatitis B, measles, mumps, pneumococcal pneumonia, rubella and tetanus.

By administering these safe and effective vaccines to adult patients, physicians can significantly reduce the incidence of these diseases, while cutting down on associated health care costs and morbidity, IDPH says. ▲

Editor's note: Eligible physicians not currently participating in the program, but who wish to do so, should call Karen McMahon, IDPH influenza program coordinator, at (217) 524-0842.

OLS

(continued from page 3)

will be able to use automatic defibrillators if they are properly trained in their use. Edgar signed the legislation, sponsored by Sen. Robert M. Raica (R-Chicago) and Rep. Jesse C. White Jr. (D-Chicago), which responds to an ISMS House of Delegates resolution adopted in April.

Sen. Frank C. Watson (R-Carlyle) and Rep. Jerry Weller (R-Morris) sponsored similar legislation in the spring session that had been placed on the interim study calendar in the House Human Services Committee.

Advance directives notification ... Under H.B. 1446, which the governor also signed, the secretary of state will provide a space on the reverse side of Illinois driver's licenses indicating that a licensee has executed a living will or durable power of attorney for health care. The ISMS-supported bill was sponsored by Rep. Tom Ryder (R-Jerseyville).

Nursing committee ... Edgar signed legislation amending the Nursing Act of 1987 to increase the membership of the Nursing Committee from seven to nine members, with the new members representing advanced specialty practitioners. ISMS initially opposed the bill, sponsored by Rep. Alfred G. Ronan (D-Chicago), but withdrew its opposition when a provision requiring the Illinois Department of Professional Regulation to adopt rules defining professional nursing specialties was deleted. The result would have been to broaden the scope of practice for nurse specialists.

Professional counselors ... The governor vetoed H.B. 284, the Professional Counselor and Clinical Professional Counselor Act, which would have established requirements for licensure and grounds for discipline for professional counselors.

Anti-smoking ... An anti-smoking measure sponsored by Sen. John Daley (D-Chicago) received the governor's nod. S.B. 784 requires that signs warning pregnant women of the dangers of smoking be displayed in a conspicuous place at retail outlets where tobacco is sold. ISMS supported the bill, which takes effect Jan. 1, 1992.

Shaken Baby Syndrome ... Edgar also signed legislation to make parents aware of the danger of severe injury or death through vigorous shaking, a condition known as Shaken Baby Syndrome. According to national public health and child abuse statistics, about 1,000 infants in the United States fall victim to Shaken Baby Syndrome, resulting in brain damage or death, each year.

The provision was part of a bill encompassing a number of health care initiatives, including the establishment of a 15-member State Board of Health to be appointed by the governor. The board will advise the Illinois Department of Public Health and the governor on statewide public health matters and the coordination of health policies with local authorities. The original draft of the bill gave considerable authority to the new board, diminishing its accountability to either the governor or IDPH. ISMS worked to amend the bill to curb the semi-autonomous nature of the original proposal. ▲

Why does JACKSON & COKER recruit more physicians each year than any other company?

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



JACKSON
AND COKER

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

Surrogate bill

(continued from page 1)

approving the measure, Edgar urged that Illinois citizens sign advance directives so that they might not ever have to invoke the law's provisions. "Even as I sign this bill," the governor said, "I want to urge individuals to draft living wills, or to take other action that will provide clear, written instructions to physicians and loved ones concerning the withdrawal of life support systems if they become terminally ill or injured and are unable to make the decision for themselves."

Statewide media coverage of the governor's action spurred a flood of telephone calls and letters to ISMS offices requesting information on advance directives. As the result of a single Chicago television mention, ISMS received about 600 telephone calls and 150 letters requesting its brochure "A Personal Decision." The brochure contains living will and durable power of attorney for health care instruments that any individual can execute. It also contains information on organ donation. The brochure is available free on request from ISMS.

Court decisions and Linares provide impetus

Impetus for the legislation came from court decisions and a Chicago case involving a father who removed his son from life-support systems. In April 1989, Rudy Linares held hospital workers at Rush-Presbyterian-St. Luke's Medical Center at gunpoint while disconnecting his comatose 15-month-old son Sammy from a respi-

rator. A grand jury did not indict Linares, though he subsequently pleaded guilty to a weapons charge and was placed on probation.

But his case prompted former Cook County State's Attorney Cecil A. Partee to convene a task force to examine the issues the case posed. The task force report resulted in a bill similar to H.B. 2334, also sponsored by D'Arco, that failed last year.

Since then, rulings by the U.S. Supreme Court and the Illinois Supreme Court in the *Cruzan* and *Greenspan* cases affirmed the right of competent individuals to determine their own level of care, but left ambiguous the conditions under which family members could make similar decisions for terminal patients.

During the General Assembly's spring session, a coalition led by ISMS and including the Catholic Conference of Illinois, the Illinois Hospital Association, the Chicago Bar Association and the Illinois State Bar Association, crafted legislation that won the legislature's approval.

The coalition's effort was a "unique occasion," said Jim Lago, executive director of the Catholic Conference of Illinois. "It was a pretty informal kind of coalition, but we had all provided some input on the original bill, and we had all been working actively in the Illinois legislature, so I think it was natural that we would come together to try to get the bill passed," he said.

Dunn commended the governor on his action and said, "The Act will enable many, many families to avoid the time, expense and emotional drain of court proceedings which, of

course, result in a decision made by a total stranger to the family."

The Act establishes a priority list of surrogates beginning with the patient's personal guardian, and followed by the patient's spouse, any adult son or daughter of the patient, either parent of the patient, any adult brother or sister of the patient, any adult grandchild of the patient, a close friend of the patient or the patient's guardian of the estate.

The surrogate may, in the name of the patient's best interests, order further extensive life-sustaining treatment. The surrogate can also direct that all possible life-saving measures be taken in any and every instance where death approaches. Based on the surrogate's knowledge of the patient and the patient's wishes, the entire spectrum of available care is allowed.

Surrogates, members of the health care team and health care facilities are immunized from civil or criminal liability for decisions made in good faith on behalf the patient. The legislation, however, does not immunize members of the health care team for incidents of "negligence in the performance of the provider's duties."

Some right-to-life groups that opposed the measure in the legislature – primarily because of the provision permitting the withdrawal of nutrition and hydration – lobbied Edgar to veto the bill. Aides to the governor said that as of Sept. 29, the bill had drawn 1,793 letters against the bill compared to 452 in favor. Telephone calls ran 326 against, while 215 callers supported the measure. ▲

Employee service

(continued from page 2)

the vast majority of things that go correctly, due to diligence and progress of our employees. To correct this, we have created the new and very exciting employee recognition program."

Award recipients will receive a \$200 cash award and a recognition plaque. The recognition award will be displayed in the ISMS reception area, and an article about the recipient's achievements will appear in *Illinois Medicine*.

The award selection team will consist of five employees, including two randomly selected from ISMS/ISMIS vice presidents. The remaining members, whose identities will be secret, will be randomly selected from all other levels of staff. Members will serve for six months, with one vice president and one other employee from an outgoing team held over for continuity.

Because the award encompasses ISMS/ISMIS, Lerner emphasized the need for staff to work together. "It's no longer 'we and they,'" he said. "Instead we should say 'us and ours.' The Society and Insurance Services are bound together, and the success of each is dependent on the other. We must have a collective willingness to buy into the service project and make it happen." ▲

Editor's note: Physicians who wish to nominate a staff member for the Employee of the Month award should call the ISMS human resources department at (312) 782-1654 to request a nomination form.

Medical Malpractice

INSURANCE PROBLEMS?

Rose-Tillmann, Inc. has teamed up with established, A.M. Best rated insurance companies to offer a complete insurance program – even if you have had difficulties obtaining malpractice insurance in the past!

Rose-Tillmann can offer you:

- **AFFORDABLE PREMIUMS**
- **PRIOR ACTS COVERAGE** (tail with new insurer)
- **FINANCIALLY STRONG INSURANCE COMPANIES**
- **THE BEST OVERALL INSURANCE VALUES**

In addition, we offer competitive quotations for:

- Property Insurance
- General Liability Coverage
- Auto, Homeowner, Umbrella Policies

At Rose-Tillmann, we are experienced specialists in providing insurance programs for physicians, clinics, and hospitals. Rose-Tillmann provides the insurance, professional counseling, and services you need to protect your practice.

Call us today to discuss the alternatives.



ROSE-TILLMANN, INC. BONDS & INSURANCE
P.O. BOX 647 630 DUNDEE ROAD SUITE 200 NORTHBROOK, IL 60065
PHONE 708/480-3570 WATS 800/323-0371 FAX 708/480-8755

PEDIATRICS

Marshfield Clinic, a 400 physician multispecialty group practice, is seeking BE/BC pediatricians to join expanding regional centers in **Chippewa Falls** and **Rice Lake**, Wisconsin. These are beautiful, wooded Wisconsin areas with an abundance of lakes, rivers and streams. Both communities offer a thriving economic environment, clean air, low crime, excellent schools and exceptional four season recreation. **Chippewa Falls** is a community of 22,000 with 8-10,000 permanent residents living around adjacent Lake Wissota. It borders Eau Claire, Wisconsin, a city of nearly 80,000 which includes a major campus of the University of Wisconsin. **Rice Lake** is a lakeside community of 8,500 people. In addition to excellent primary and secondary schools, both public and parochial, educational opportunities include a U.W. Center and V.T.A.E. campus. Both opportunities have beautiful new Clinic Buildings situated adjacent to comparably modern and progressive hospitals. In addition to their many local resources, the nearby proximity of major metropolitan areas (ie: 1 1/2 hours from Minneapolis/St. Paul) provides a catalog of readily accessible cultural activities, shopping, fine dining and professional spectator sports. Each opportunity has it's own special qualities with more attractive features relative to individual needs and preferences. Emphasis on life-style and quality practice is combined with a guaranteed salary and outstanding fringe benefit package. If this combination of professional excellence and life-style made possible through the backup resources of a leading medical center in conjunction with the uncommon, varied beauty of Wisconsin's land and lakes sounds interesting to you, please send C.V. and references to:

David L. Draves
Director Regional Development
1000 North Oak Avenue
Marshfield, Wisconsin, 54449
or call 1-800-826-2345, extension 5376



Marshfield Clinic

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Busy dermatologist in southwest suburbs needs BC/BE dermatologist for partnership. Send resume to Box 2194 % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

SE Wisconsin pediatrics – unique opportunity for 1-2 skilled BC/BE pediatricians. Hospital management and start-up assistance available along with coverage from skilled BC colleagues. Be part of a new practice in a prospering community close to Milwaukee, Madison and Chicago. Contact Amy Palmer, Professional Relations Director, Waukesha Memorial Hospital, 1-800-326-2011.

Primary care physicians for MOD coverage in central Illinois. Nights and weekends. Light workload. Malpractice covered. Illinois license required. Contact in confidence: Annashae Corp., 1-800-245-2662.

Ambulatory outpatient surgicenter is presently seeking professionals for the following: anesthesiology, plastic/cosmetic surgery, gynecological and laser surgery, urology, podiatry, general surgery, ENT, ophthalmology, varicose vein treatment, dermatology, orthopedics, medical director. Limited positions available. Send CV to: Administrator, 1455 Golf Rd., Suite 204, Des Plaines, IL 60016, or call Kelly at 708/390-0300.

Northern Illinois: BC FP needed immediately for family practice group in Rockford. Competitive guarantee plus productivity, no OB, excellent support staff. Rockford offers fewer hassles, greater rewards, urban advantages, rural delights, and the affiliation with a premier medical group. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

BC/BE radiologist wanted for part-time position. Private practice in a hospital setting. CT, MRI and some angiography/interventional experience required. Up to 18 full weeks per year which includes light call. Generous salary. Small college community in west-central Illinois. Send curriculum vitae with reply to Box 2198, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO-certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Private practice opportunities in Minnesota and Wisconsin. Dermatology, emergency medicine, ENT, internal medicine, family practice, obstetrics/gynecology, ophthalmology and pediatrics. Join established groups with strong hospital support in attractive communities. Contact: Jerry Hess, Abbott Northwestern Hospital (16501) 800 E. 28th Street, Minneapolis, MN 55407; 1-800-248-4921. A LifeSpan member.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Primary care physicians: full or part-time opportunities available in southern Illinois or various Missouri locations. Proper licensure required. Contact in confidence: Annashae Corp., 1-800-245-2662.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

BE/BC radiologist – partnership available in hospital practice at St. Mary's Hospital, Streator, which is a 240 licensed bed hospital with a service area of 35,000. Streator is located 100 miles southwest of Chicago. For further information contact Robert Gubbels, St. Mary's Hospital, 111 E. Spring, Streator, IL 61364; 1-800-325-7699.

BC/BE radiologist immediately needed to join two others in practice in Centralia. Peaceful community of 17,000, one hour east of St. Louis. 60,000 procedures/year all modalities in progressive 286-bed hospital. Excellent remuneration, partnership one year and no buy-in. Contact Richard Rudman, M.D., 13 Orchard Dr. East, Centralia, IL 62801; 618/532-6731 office, 618/533-2066 home.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax your CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Eastern Illinois. Ground-floor opportunity to start three-to-four physician family practice group or join 45-physician multispecialty group. Good call coverage in both situations. Three-year net guarantee totaling \$375,000 includes malpractice, office expenses, staff, management, etc. Additional \$10,000 per year for board certification! Half hour from Big 10 university. Contact Bob Suleski or Lee Fivenson, 1-800-338-7107.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

SE Wisconsin. Third BC/BE obstetrician/gynecologist needed to join single specialty, fee-for-service laser-equipped practice. This two-physician, three-nurse practitioner office is located in a desirable suburb close to Milwaukee and Chicago. Excellent quality of life and outstanding recreational area. Attractive financial package including early partnership opportunities. For further information please contact: Lynn Brueggeman, Women's OB/GYN Care, 210 N.W. Barstow Street, Waukesha, WI 53188, or call 414/544-4400.

Obstetrics/gynecology, Brainerd, Minn. Join two Ob/Gyns in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Internal medicine, Brainerd, Minn. Join seven internists in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Dermatology, Brainerd, Minn. Join 22-M.D. multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Otolaryngology, Brainerd, Minn. Join 22-M.D. multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Pediatrics, Brainerd, Minn. Join pediatrician in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Chicago-area hospital seeks an Illinois-licensed, ACLS-certified physician to provide evening and weekend house coverage. Excellent salary and benefits. Interested applicants send CV to: P.O. Box 1088, Oak Park, IL 60304-1088.

Academic echocardiographer. Non-invasive/echo-cardiographic research position available at Veterans Administration Lakeside Medical Center and Northwestern Memorial Hospital in the Cardiology Section. Research involves 3D reconstruction, stress echo, and intravascular ultrasound. Veterans Administration Lakeside Medical Center/Northwestern University are affirmative action/equal opportunity employers. The Section of Cardiology encourages applications from qualified women and minority candidates. Send curriculum vitae to: Carl Tommaso, M.D., chief of cardiology, VALMC, Northwestern University Medical School, 250 E. Superior — Wesley 524, Chicago, IL 60611.

Chicago – EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Picturesque north shore of Lake Superior. Seeking family practice or internal medicine physician. Fulfilling small clinic practice. No start-up costs. Scenic beauty, various outdoor activities, with time to enjoy it! Write Jon Ward or Kathy Haselow, Silver Bay, MN 55614, or call collect 218/226-4431.

Northern Illinois: BC IM for Rockford. Send CV to Dorothy Tarro, The Furst Group, 6085 Strathmoor Dr., Rockford, IL 61107, or call 1-800-383-9331.

Situations Wanted

Physician experienced in occupational and family practice seeking a full-time position in Chicago. Reply to Box 2201, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Lake Point Tower. Prime tiers combined into spa-cious 2,200-square-foot home with spectacular high floor, city skyline/north lakeshore view that goes on forever. Split bedrooms, 26-foot master suite, 37-foot living room. Neutral decor. Move right in! Every amenity imaginable plus 2½-acre private park. Must sell. Sherri Schmidt, 312/338REMAX.

Well-equipped laboratory in professional building in Midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Established family practice and office building for sale. Central Illinois urban location with excellent patient profile. Gross income \$250,000 with no OB or major surgery. Good coverage available. Hospital four blocks. Well-kept brick-and-frame building, 3,100-square-feet, one story plus basement and two-car garage. Attractively landscaped on 80-by-150-foot lot with parking. Asking \$192,000, including modern medical office equipment. Clear title. Financing available. Will retire when introduction is accomplished. Must be FP board certified. Reply to Box 2202, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Stunning 1,820-square-foot penthouse with 46-foot deck. Tons of marble, white oak, elevated dining room and den. Two indoor heated parking spaces. \$339,000. Wrigleyville home, on oversize lot, three bedroom, two bath, garage, rustic yard and deck, parking for four cars. \$297,500. DePaul townhouse, Dayton Street. Three bedroom, 2½-bath front unit, master bedroom suite, two wbf, patio, security. \$299,500. Re/Max Exclusive Properties, Chuck Stuparis, 312/338REMAX.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

For sale, family practice. Active practice which nets \$150,000 per year with great potential for further growth. Located in prosperous, lakeside Illinois community. No public aid or HMO affiliations. Very low asking price. Reply to Box 2200, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Exclusive 30-acre site – 720 feet of Lake Michigan non-eroding beach frontage approximately 1,800 feet deep. Ideal for your estate, medical retreat, or an association of owners. Set up and approved to accommodate a minimum of eight estate-sized sites, if interested in subdividing. Can have a private gated entry. 2½ hours from Chicago (three minutes from I-196/U.S. 31 expressway) at South Haven, Mich. \$2,500,000. For information call 219/291-9717 or write Joe Hickey, 1313 Erskine Manor Hill, South Bend, IN 46614. This is a first-time offering.

Successful family practice with internal medicine emphasis for sale in DuPage County. Owner retiring after 35 years. Grossing \$285,000 with 3,000 active files. Three exam rooms located in professional building. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we're in our other office. Can be flexible with schedule. 708/963-0601.

Illinois medical practices for sale! No fees to buyers. For details on practices currently available, or to receive information on future opportunities, call 708/441-6111.

For sale—medical practice. Well-established in Clinton, with local acute care hospital. Access to larger towns. Trained staff. Immediate availability. Reasonably priced for early sale. Call or write to C.N. Radhakrishna, M.D., 210 E. Main Street, Clinton, IL 61727; 217/935-3136.

Electric examining tables, file cabinets, office furni-ture, photocopy machine, heat sterilizer, wall-mount hyfracator, miscellaneous supplies. Evanston location. Call A. Polussa, M.D., 217/698-9642.

Miscellaneous

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-786-3037 (24 hours). Alan D. Kirscher, M.A.

Bogged down with dictation? 24-hour phone in cen-tral dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll-free dictation.

Appointment scheduling software designed specifi-cally for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.



WE HAVEN'T MISSED A BEAT IN 15 YEARS.

In 1976 major liability insurers abandoned Illinois physicians. The Exchange was founded by your colleagues to meet this critical need.

In every one of our 15 years, the Exchange has never wavered. We responded to challenges by merely quickening the pulse of our efforts.

Today, just as in the beginning, the Exchange mounts the most vigorous and productive defense possible against claims without merit.

We use our experience to help physicians reduce both the risk of litigation and its emotional consequences.

And ours is the voice of experience in supporting the fight for tort reform.

Protecting the integrity of our policyholders for so many years has required a stalwart organization always up to the challenge. After 15 years, we are proud to report, our heart has never been stronger.

ISMIE

Part of the solution. Not part of the problem.

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine

Illinois
MD wins young
internist award8

October 25, 1991

ILLINOIS STATE MEDICAL SOCIETY

IHA physician data release under fire

by Tamara Strom

AN AGGRESSIVE marketing campaign by the Illinois Hospital Association offering specific data about physicians and their hospital admitting practices is being scrutinized by the Illinois Health Care Cost Containment Council.

"Allegations have surfaced that IHA may be inappropriately releasing confidential data to its member hospitals," said Johanna Lund, Council chairman. "Because of the possibility of a breach in confidentiality of hospital discharge data, the Cost Containment Council is considering action to stop release of this data."

At issue is dissemination of physician-specific data through COMPdata, an information system IHA of-

fers to subscriber hospitals. Through COMPdata, hospitals can access information detailing every patient discharge, including ZIP codes, diagnoses and procedures performed for each admitting physician at competing hospitals.

IHA receives the discharge data from information collected by IHC-CCC. State law mandates that hospitals have the right to review any information published about their data for accuracy before it is released to the public. Under an IHA/IHCCCC agreement, the Council released the hospital data to IHA, which currently acts as an agent for consenting individual hospitals.

IHA then combines IHCCCC data with other information and offers it

(continued on page 12)



Robert A. Ryan, M.D. (left), treats patient Juan Albarran's hand in his Waukegan office as state Sen. David Barkhausen (R-Lake Forest) looks on. Barkhausen participated in the Lake County Medical Society's mini-internship program Sept. 30 and Oct. 1. The mini-internship program allows legislators and community and business leaders to spend time with physicians in an effort to gain a better understanding of the pressures and realities of health care delivery. ▲

Photo: Margaret Warren

Governor signs HIV measure to notify at-risk patients, MDs

by Tamara Strom

ILLINOIS GOV. JIM Edgar put his signature Oct. 4 on compromise legislation that mandates notification of patients who may have been exposed to HIV by a health care worker.

Considered one of the nation's toughest AIDS notification laws, it also protects the rights of physicians and health care workers by assuring they be notified if they unknowingly perform an invasive procedure on an HIV-positive patient.

"The risk of a patient contracting HIV in a physician's office is almost zero. But those patients and health care workers who may be exposed can now take steps to determine if they do have the disease," said Illinois State Medical Society President Robert M. Reardon, M.D. "Although it has stringent requirements for patient notification, the

law is reasoned and addresses important public concerns."

Under the law, which is effective immediately, HIV-infected health care workers are required to notify patients on whom they have performed invasive procedures of their HIV infection. If the health care worker declines to inform at-risk patients, the Illinois Department of Public Health will step in and notify patients by letter of the health care provider's HIV infection.

The law also safeguards physician-patient confidentiality. Although IDPH representatives must have access to patient files to determine which patients are at risk, the agency can only develop a list of patients to be notified. No patient files can be photocopied or removed by IDPH. Any information obtained from pa-

(continued on page 14)

CIMRO quits Medicare peer review in Illinois

by Tamara Strom

THE CENTRAL ILLINOIS Medical Review Organization stopped performing Medicare peer review in Illinois effective Sept. 30. The former subcontractor for Medicare peer review for 85 downstate counties, CIMRO rejected a new contract from the Crescent Counties Foundation for Medical Care, citing "unacceptable and unreasonable" payment provisions.

"All work has stopped. The offer they gave us was totally unacceptable and unreasonable," said CIMRO Executive Director Marylyn Gagliardo. "We wanted to maintain a peer review business for Medicare in Illinois but our board of directors simply couldn't agree to the propos-

(continued on page 13)



Bonnie Wemken, a flight medic at Rockford's St. Anthony Medical Center (left), and Lisa Winebaugh, 16, the victim of a 1990 auto accident, attended the 10th anniversary open house of Lifeline on Sept. 29. Lifeline was the Rockford area's first emergency helicopter service. ▲

Jon McGinny

In this issue

HCFA stops preadmission
authorization2

RBRVS update.....2

CHIP selects new carrier.....3

Managing patient
abandonment risks6

Complying with state lab
rules takes time, effort10

'Partners for Health'
starts second year.....17

*****3 DIGIT SCF 208
1014 IM
NATIONAL LIBRARY OF MEDICINE
SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

HCFA discontinues PRO preadmission authorization

by Tamara Strom

THE HASSLE FACTOR just got a little easier. As of Oct. 1, ten common surgical procedures no longer require preauthorization from a Medicare peer review organization.

The U.S. Health Care Financing Administration will no longer reimburse PROs for prior authorization activities. As a result, Crescent Counties Foundation for Medical Care, the Illinois Medicare PRO, dropped its prior authorization program.

"This was a HCFA-directed change and a non-debatable issue as far as we were concerned," said Steve Kaufman, chief operating officer for review services at Crescent Counties. "We are disappointed that we will have to dismantle the total program. We felt there were some changes demonstrated in terms of certain

procedures being reduced in number."

The 10 procedures involved are cataract extraction, carotid endarterectomy, cholecystectomy, major joint replacements, coronary bypass with graft, complex peripheral revascularization, hysterectomy, prostatectomy, percutaneous coronary angiography and laminectomy. Review for outpatient cataract surgeries will now be included in ambulatory surgery review activities.

Before Oct. 1, physicians were not permitted to submit claims without prior authorization unless the PRO had reviewed the case.

HCFA stopped the prior authorization program, saying it was not cost-effective, a conclusion the PRO community disputes, Kaufman said. "HCFA said the absence of denials and the fact that just as many proce-

dures were being done currently as when the program began proves it was not cost-effective," he said. "But the sentinel effect was demonstrable. We would argue that procedure totals went down and therefore millions of dollars were saved. The program was paying for itself."

Many physicians disagree. "This is a significant response from the federal government indicating its willingness to stop an administrative process considered by physicians to be a non-cost-effective hassle," said John F. Schneider, M.D., Illinois State Medical Society Third District trustee and a consultant to the ISMS Council on Economics. "Education works better than regulation. It is not only cost-effective, but saves money. Physicians do not have to be beaten over the head by an external review group. If guidelines are devel-

oped with physician input, what most physicians will do is follow them. In addition, the low denial rate seems to show physician treatment decisions continue to be based on sound medical judgment."

"I applaud HCFA for recognizing that this was not a successful program," said Janis Orlowski, M.D., chairman of utilization review at Rush-Presbyterian-St. Luke's Medical Center, Chicago. "We saw no change in the number of procedures performed. There were appropriate indications for surgery, and the doctors were able to provide documentation and data showing the need for the procedures."

When the prior authorization program was implemented in 1989, Dr. Orlowski said, many physicians questioned why HCFA thought this pro-

(continued on page 15)

Senate bill addresses RBRVS behavioral offset

by Tamara Strom

THERE IS A bit of good news from Washington on the RBRVS front. Legislation introduced in the U.S. Senate this month calls on the U.S. Health Care Financing Administration to abandon its plans to implement a 3 percent behavioral offset on physician payment for Medicare services.

The bill, S. 1810, sponsored by Sens. John D. Rockefeller IV (D-W.Va.) and Dave Durenberger (R-Minn.) seeks a compromise on the behavioral offset issue. As suggested by the federal Physician Payment Review Commission, the bill advocates a 1 percent behavioral offset to compensate for an anticipated increase in physician services. HCFA has claimed Medicare services will increase because of growing patient demands, new coding changes for billing and more services delivered by physicians who will act to make up losses under RBRVS.

"I think it is important that we remember our primary goal when we passed the physician payment

reform legislation: to do a better job meeting the access and quality needs of our senior citizens," Durenberger said Oct. 4 while introducing the Physician Payment Reform Implementation Act of 1991. "Without this legislation, physician payment reform may end up being a medical procedure that made the patient sicker, not better."

Durenberger and co-sponsor Rockefeller said they introduced the legislation to "rectify major flaws" in the RBRVS proposal that will lead to "endless debate and problems down the road." Durenberger and Rockefeller authored the legislation creating the Medicare physician payment reform system that passed Congress in 1989.

"The 1989 physician payment reform was designed to make sense of the way physicians are reimbursed for their services. The current method of physician payment is inequitable and inflammatory," Durenberger said. "We wanted to create a fair payment system. But 'fair' is not the perception that physicians have about the new fee

schedule."

The American Medical Association is encouraged by the bill's introduction, saying it will uphold the 1989 agreement between organized medicine and the Bush administration and Congress. "As bipartisan architects of physician payment reform in the U.S. Senate, Sens. Rockefeller and Durenberger are uniquely qualified to judge whether the new agreement is being implemented as Congress intended," said James S. Todd, M.D., AMA executive vice president. "The AMA is pleased that these two members of the Senate Finance Committee have supplemented an earlier overwhelming and positive response from Congress to medicine's concerns with the proposed implementation of the RBRVS by HCFA."

The Senate bill will join a House of Representatives measure, H.R. 3070, introduced by Rep. Pete Stark (D-Calif.), requiring HCFA to implement a budget-neutral RBRVS. HCA administrator Gail Wilensky, Ph.D., already has announced a \$6.9 billion "out-year savings" restoration to the fee schedule, claiming that will make RBRVS budget neutral. The AMA, however, asserts that RBRVS cannot be budget neutral with a behavioral offset in place.

The Senate bill addresses the AMA's concern over HCFA's position that a 3 percent behavioral offset is necessary to remain within budget. The AMA and state medical societies have inundated Congress with mail, calls and other lobbying efforts to urge action to correct perceived flaws in the RBRVS proposal.

The Illinois State Medical Society, in particular, contacted powerful U.S. Reps. Dan Rostenkowski (D-Chicago) and Robert Michel (R-Peoria) to enlist their help in a bipartisan effort to reverse aspects of

RBRVS. That effort paid off: Both signed letters of protest dispatched to Bush administration officials and every member of the Illinois delegation has signed at least one letter urging the administration to make RBRVS budget neutral.

In addition, 10 Illinois legislators, both Republicans and Democrats, have signed on as co-sponsors of Rep. Stark's bill.

"We are pleased to see Congress taking up medicine's fight to make Medicare physician payment reform fair and equitable," said ISMS President Robert M. Reardon, M.D. "I hope Congress will push on and enact this legislation."

Rockefeller and Durenberger's bill also addresses interpretation of EKGs, anesthesia services and treatment of new physicians. The bill calls for the U.S. Department of Health and Human Services to establish a separate fee schedule for interpreting EKGs, and to adjust the proposed relative values in the fee schedule for physician visits to reflect EKG interpretation. HHS would be responsible for developing EKG practice guidelines and disseminating these guidelines to physicians, according to the bill.

The bill also addresses the lowered reimbursement rates for physicians in their first, second or third year of practice during 1991. Those newly practicing physicians who billed Medicare services under a group practice number in 1991 would be able to continue to bill under that number and receive full reimbursement in 1992, and beyond.

The bill proposes some positive developments for anesthesiologists by prohibiting HHS from issuing final rules for RBRVS that change the amount of time that can be billed for anesthesiology services. Instead, it calls for a feasibility study to decide if payments should be based on average or actual time spent. ▲

Physician Facts

Employed health professionals in Illinois

Occupation	1986 employment	2000 employment*	% change
Chiropractors	238	291	22.2%
Dentists	8,655	11,032	27.5%
Dental Hygienists	3,726	5,152	38.3%
Dietitians & Nutritionists	1,867	2,108	12.9%
Licensed Practical Nurses	24,838	30,460	22.6%
Optometrists	1,585	1,613	1.8%
Pharmacists	7,902	10,244	29.6%
Physicians	27,749	30,561	10.1%
Physician Assistants	2,032	2,181	7.4%
Registered Nurses	84,209	105,586	25.4%
Therapists†	12,815	16,250	26.8%

* IDES projection

† Includes Occupational, Physical, Recreational, Respiratory, AO, and Correct. & Man. Arts Therapists, and Speech Pathologists.

Source of data: Illinois Department of Employment Security (IDES), August 1990

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to Illinois Medicine, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify Illinois Medicine office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

CHIP selects new carrier

by Anna Brown



CITING CONCERNS over proposed fee increases, the Illinois Comprehensive Health Insurance Plan Board of Directors selected a new carrier at its Oct. 10 meeting. Health

Care Service Corp.-Blue Cross and Blue Shield of Illinois was selected over three other bidders, including current carrier Mutual of Omaha.

"Mutual of Omaha notified us that they would terminate their current contract Jan. 1 unless we agreed to a substantial increase in fees," said Richard Carlson, CHIP executive director. "As a result, the board decided that we needed to test the marketplace."

The CHIP Board received proposals from Mutual of Omaha, Health Care Service Corp.-Blue Cross and Blue Shield of Illinois, The Travelers Insurance Co. and Golden Rule Insurance Co. Each bid was evaluated on its service fees, experience and

reputation, account service personnel, and financial condition and stability, with an emphasis on service.

At its Sept. 25 meeting, the board selected Blue Cross and Travelers as finalists, said Carlson. The two companies were then subjected to extensive on-site review, and each made a formal presentation to the board.

"Probably the principal reason Blue Cross was chosen is that they have contracts with every hospital in the state, and they have contracts with over 15,000 physicians in the state," said Carlson. "They were able to offer discounts on claim costs ... without changing any benefits or disrupting any provider relationships. It's truly a win-win situation for the board and its insureds."

Carlson said the state would also be able to achieve claims rebates, thereby reducing the deficit required to fund the program. "It will allow us to continue to maintain coverage for the insureds we have without additional money from the state. That's very important since we have a very tight budget."

Partially funded by the state, CHIP insures 4,500 Illinois residents who are at high medical risk and previously could not obtain insurance from private companies. The program has a waiting list of about 800.

According to Carlson, CHIP is required to review its carrier every five years. "There were two years left on the Mutual of Omaha contract, but when they went for the higher fees, which were in excess of 30 percent, the board felt it was necessary to rebid the contract. The new award will

be for a five-year period, from Jan 1, 1992, through the end of 1996."

Board requirements for the new carrier included easy access to carrier personnel for CHIP insureds. Board members questioned both Blue Cross and Travelers on their ability to provide quality case management, including helping to give patients direction and being responsive to their problems when they call. Noting the unique nature of CHIP insureds, the board also emphasized the need to avoid disrupting long-term relationships between plan members and their physicians.

"Policyholders will see little, if any, change in their current plan," said Carlson. CHIP members will be notified within the next few weeks of the change of carrier, he said. Mutual of Omaha will continue to process claims through Dec. 31. ▲

Discovery abuse not curbed in court ruling

A RECENT ILLINOIS Supreme Court ruling is bad news for malpractice defendants; it allows some plaintiffs to continue abusing the discovery process unchecked.

Bochantin vs. Petroff appeared to be a classic case to help organized medicine fight to curb abuses in the discovery process, Illinois State Medical Society legal analysts said. But the Sept. 19 decision did not come out the way medicine had hoped.

In a 1986 malpractice case against a downstate physician, the plaintiff had caused 4½ years of delays and repeatedly failed to produce expert witnesses for discovery as ordered by the court. When the trial judge granted the plaintiff a voluntary dismissal, meaning the plaintiff retained the right to refile the suit, the defense appealed, claiming a defense motion to dismiss the case on merit was filed first.

"We thought this case merited dismissal with prejudice," said Saul J. Morse, ISMS legal counsel. The Society filed an *amicus* brief in the case.

Morse explained that in malpractice cases a defendant rarely gets a chance to argue a motion to dismiss. When the defense arrives at court, he said, the plaintiff – knowing he will have difficulty winning the argument against dismissing with cause – often files a voluntary motion to dismiss, thus retaining the right to refile later.

In another example, a plaintiff can do virtually nothing to pursue the case for a year, in effect testing the defendant, Morse said. Then as defense strategy is becoming apparent, the plaintiff can file a motion for voluntary dismissal.

"By not having the case dismissed on its merits, the defendant has to worry about the case coming back to haunt him again," Morse said. ▲

Blue Cross Blue Shield REPORT FOR Illinois Physicians

SURGICAL DRESSING POLICY

Medicare's coverage of dressings is limited to therapeutic and protective coverings applied directly to lesions either on the skin or opening to the skin, which are the result of a surgical procedure performed by a physician.

Surgery is defined as a procedure performed by a physician that requires the administration of some type of an anesthetic agent prior to the cutting away of tissue.

It is expected that when a beneficiary receives covered surgical dressings, the surgeon will have already billed Medicare for the surgical procedure.

Medicare considers any dressings needed longer than 14 days after the surgery to be chronic in nature and, therefore, not covered under Medicare B. Medicare considers debridement of a decubitus ulcer performed at the patient's bed side to be care of a chronic wound and not surgery. Therefore, dressings applied to such a wound would not meet the definition of primary surgical wound, and as a result, these claims will be denied.

The following types of surgical dressings would be considered for coverage when the beneficiary has had a surgical procedure and the physician has written an order for:

1. Sterile dressings applied to the surgical lesion (examples: telfa, gauze pads, aquaphor, transparent, occlusive, hydroactive, packing sponge),
2. Cover dressings over the sterile dressing when they are necessary to absorb heavy drainage and/or to protect the surgical lesion (examples: ABD pads, non-sterile gauze), or
3. A product to secure the dressing (examples: tape, elastic wrap, kling, kerlex gauze).

Providers who bill a significant number of claims for surgical dressings will be subject to post-payment review and will be required to submit documentation to prove that the beneficiary's condition substantiated the need for supplies. If providers are unable to produce the necessary documentation, they will be liable for the overpayments which may result. The documentation will include:

1. A prescription written by the physician who performed the surgery,
2. Proof, such as an operative report, that the procedure performed meets the definition of surgery: a procedure performed by a physician with a sharp instrument that results in the removal of a substantial amount of tissue, and
3. The name of the facility where the surgical procedure was performed, the date of the surgery, and the name of the procedure.

Dressings required for purposes other than a surgical lesion are not covered. Therefore, dressings for pressure or stasis ulcers, burns, or dermatologic conditions that are being managed medically are not covered.

NOTE: Significant sharp debridement of an ulcer or burn, by a physician, with the documentation as noted above, would allow it to be considered a surgical lesion. However, care rendered to such a wound for more than 14 days after surgery would be considered chronic wound care.

The following items (not all inclusive) are not considered eligible for "Surgical Dressing" coverage under Medicare B and should not be billed under code A4555 or any other code:

Masks	Sterile Towels/barriers	Elastic Stockings	Knee Supports
Gloves	Forceps	Support Hose	Irrigating Solutions
Scissors	Disposal Bags	Boots	Dressing Change Trays
Swabs	Non-sterile towels	Leotards	Antiseptic Solutions
Leggings	Ointments	Creams	Gauntlets

In addition, pre-packaged dressing kits containing non-covered supplies should not be billed using the A4555 code.

(10/25/91)

Editorial

What your hospital knows (and tells others) about you

Do you want your hospital to share information about you and your hospitalized patients with a large number of other hospitals? Patient-level, physician-identified data is already being collected and shared by Illinois hospitals.

A hospital that participates in COMPdata, the Illinois Hospital Association's revenue-generating data service, can access physician and patient information that allows it to engage in "economic credentialing" and to approve or renew physicians' privileges based on the revenue that a physician could bring into the hospital through increased patient loads. A fundamental rule of judging physicians' credentials for medical staff privileges is that the physician should be evaluated based on clinical competence and on moral and ethical fitness, but never on what he or she can bring into the hospital by way of revenue.

Beyond the possession of information that is physician-specific, the COMPdata system can produce, and indeed has produced, data that might allow a hospital to violate physician-patient confidentiality.

It's ironic that when this data was first collected by the Illinois Health Care Cost Containment Council (IHCCCC), ISMS and IHA stood together against others to protect ZIP code and physician identifiers from being released. Now IHA has decided to stand alone, marketing this information to hospitals without the permission of medical staffs.

It came as news to the IHCCCC that hospitals were sharing ZIP code and physician-specific information with other hospitals through IHA's COMPdata.

It probably comes as news to you, too. But medical staffs should know that hospitals participating in COMPdata have authorized the collection and distribution of this information.

IHA says this project is designed to develop and nurture the relationship between hospital and physician. We say that relationship should be built on trust. How can trust be assured when physicians don't know the extent to which information about their practices is being collected and used?

Join us, pardner!

One of the favorite news clips received at the Society in the last year mentioned the ISMS "Pardners for Health" program. As the "Partners for Health" program enters its second year of reaching out to senior groups across the state, we hope you'll join your colleagues in bringing important health messages to senior citizens. We think you'll find that the rewards far exceed the demand on your time and effort.

Senior groups are calling now, looking for speakers. If you can spare an hour or two to talk about the illnesses common to the elderly, about the need to monitor the interaction of multiple drug regimens, the importance of advance directives, exercise, a good nutritional plan – about staying young and feeling good into your 60s, 70s and 80s – then we need you.

Fill out the card between pages 16 and 17 and mail it in. We'll provide you with information, speaking tips, a sample speech and a chance to talk to a lively and interesting group of folks.

Thanks, pardner. ▲

Illinois Medicine

VOLUME 3, NUMBER 20

OCTOBER 25, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., *President*
George T. Wilkins Jr., M.D., *Chairman of the Board*
Alexander R. Lerner, *Chief Executive Officer*

Illinois Medicine Committee

Joan E. Cummings, M.D., *Chairman*
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, *Editor*
Carla J. Nolan, *Managing Editor*
Kevin O'Brien, *Executive Editor*

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative
Lifetime Learning, Inc., 15 W. 700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.



Guest Editorial

Renew the malpractice fight



by Donald E. Casey Jr., M.D.

Recently, through personal experience, I rediscovered the need for renewed physician action on an old problem – medical malpractice. I suspect most of us have become so accustomed to the feeling of a loaded gun held to our heads that we have accepted this threat as part of a doctor's daily life. But my experience again sensitized me to the malpractice fear that terrorizes every physician (many times subtly) in every aspect of practice.

It may be a credit to our ability to adapt well to adversity. But perhaps we have become insensitive to our inner fear of malpractice, and unaware of how that fear affects our daily practice. I challenge each of you to again sense this fear and understand how it impacts your daily decision making. Focus on this fear as you take care of your patients and understand how it affects everything you do, whether talking to patients and insurance companies, ordering tests or interacting with other health care professionals. Paradoxically, we push these emotions aside and still provide the best care possible.

The trial lawyers argue the perennial malpractice threat protects helpless patients by keeping "bad" physicians in line. In truth, that threat destroys the physician-patient relationship traditionally founded on trust and friendship. Every physician feels this foundation has been replaced by mutual mistrust and anger. The doctor must be perfect in judgment and personality.

We are told that good risk man-

agement is a solution. Hence, exhaustive (and exhausting!) dictation is transcribed into typewritten documentation – not to refresh your memory and guide your thought process, but to cover your rear in case the patient record becomes trial evidence. Doctors submit office staff, hospital personnel and consulting physicians to lengthy conversations that lack a spirit of good faith and smack of defensiveness. Discussions with patients and their relatives are fraught with carefully contrived details that hopefully inform without scaring them out of their wits. Laboratory tests are ordered, and then done again "just in case." Consultations are conducted "to be absolutely sure."

Such physician behavior has little to do with quality, cost-effective patient care, and much to do with making doctors feel safe and protected. Which leads me to my main point: Addressing America's health care crisis means addressing malpractice reform. That "threshold of fear" lurking in every physician's mind is unnecessarily costing us, our patients, insurance companies, employers and the government billions of dollars every year. Economists, politicians, researchers and the American Medical Association cannot effectively quantify its cost, because that threshold of fear is known only to us as doctors.

Hence, we physicians must bring pressure to bear on this issue. Most physicians seem to have forgotten, or simply accepted, malpractice as an unchangeable fact of daily practice. If you wish to practice behind a veil of terror, you can accept the status quo. Or you can get in touch with your own threshold of fear, be aware of it at all times. Now that President Bush has made tort reform a national issue, let us bring reform of the medical malpractice malady to the front burner. I believe our profession can and will provide far-reaching and intelligent solutions to help resolve our current health care crisis. Malpractice reform must be a major part of that solution. ▲

Dr. Casey, president of the Illinois Society of Internal Medicine, was recently selected as Young Internist of the Year by the American Society of Internal Medicine. (See story, page 8.) This editorial first appeared in ISIM News.

President's Column

Rational health care? Or health care rationing?

In a recent interview with the *Chicago Tribune* on the topic of health care, one of President Bush's top economic advisors, Steven Boskin, said it.

And in a white paper issued by the Brookings Institute, a think tank that counsels the Democratic presidential candidates, it was used.

"It," of course, is "rationing," a phrase that used to be one of the most repulsive in the American health care lexicon.

Now that the concept of rationing health care has surfaced on both sides of the political spectrum, it's time that physicians took a long, hard look at what rationing can mean.

It was in Oregon that the rationing concept was first applied in a deliberate way to health care policy. Led by John Kitzhaber, M.D., Oregon Senate president, the decision makers reasoned as follows: We have limited resources for health care. Need outweighs resources, and demand will always outweigh supply. How do we balance this equation?

Oregon's response was to take to the road in an unprecedented series



Robert M. Reardon, M.D.

of town meetings in which the general public was invited to consider, debate and, finally, prioritize health care services. In essence, the people of Oregon were asked to translate their community values into a system of prioritized health care services.

The result was a list of health care services ranging from (1) prenatal care for pregnant women to (800+) superficial wounds.

It should be noted that the Oregon plan has not yet been implemented; it remains only a plan on paper at this point. Should it become a reality, it is the intention of the Oregon state government to budget for health care and then, based on available funds, draw a line somewhere across the list, saying, "We can pay for everything above the line; services that fall below this year's line, though, we cannot pay for." It sounds simple, but the reality Oregon will face will be much more complex.

The concept of rationing might as

well be called "hard choice." Who wants to be the Solomon who has to decide between two heart transplant candidates, one a 27-year-old derelict with no family and an extensive history of drug and alcohol abuse and one a 66-year-old grandmother who provides a foster home for cocaine-addicted babies?

All right, I'm exaggerating.

But what needs to be said is this: Physicians must take the lead and help frame the coming national debate about rationing of health care. If we do not lead the charge, we will be blamed for the result.

A form of rationing already exists in this country, although it isn't planned and it certainly isn't called rationing. Any "managed care" system of health care delivery involves rationing: The indemnity plan that limits mental health benefits to \$1,000 per insured for a lifetime. The policy that doesn't cover vision benefits. The HMO that requires the intercession and approval of the gatekeeping general physician before a subscriber can see a specialist.

In Canada, rationing exists as a result of that country's limited availability of high-tech equipment and techniques.

In Great Britain, rationing is done at the physician's discretion. It is up to the physician to decide who gets on dialysis, who is scheduled for the angioplasty, even whose name is added to the six-month waiting list for the CAT scan. While physicians

must frame the coming debate that directs the evolution of the health care delivery system in the country, we cannot be put in the position of deciding who does – and who does not – receive health care. That is society's decision, not medicine's.

But the truth of today's health care dilemma is this: It is the physician who serves as the patient's main entry point into the health care arena. And the patients perceive us, their physicians, as the controller and responsible party for health care. They look to us for information, for guidance.

And if we do not provide that leadership, we have failed in our mission as physicians. Organized medicine must be at the table when the blueprints of the new age of health care delivery are hammered out. But the responsibility for decisions about rationing should be – must be – made by the people who will be directly affected, the people themselves. Whether it's in town meetings or the voting booth, it is the health care consuming public that must make these tough choices. ▲

Robert M. Reardon, M.D.
President

Letters to the Editor

Why won't Medicare pay?

I am writing this letter, hopeful that you or one of your readers can help to find a rational answer to the following:

1. Why will Medicare pay for the cost of administering home intravenous hyperalimentation, as well as the hospital charges for the pharmaceutical cost of preparing the hyperalimentation, to a terminally ill patient, but will not pay the cost of administering and providing intravenous fluids to prevent dehydration to the same patient while at home?

2. Why will Medicare pay the hospitalization bill for the cost of intravenous antibiotics for a patient admitted with cellulitis, but will not pay for intravenous antibiotics for the patient to be at home and receive home health care?

3. What advantages for either the patient, the hospital, the nursing home, Medicare or the physician were created by changing the initial length of allowable patient coverage from 21 days to 13 days when transferring a patient from the acute care setting to the skilled nursing unit as recently adopted?

Jay D. Willey, M.D.
Bloomington

Editor's Note: Reimbursement for some of the treatments Dr. Willey cites may be approved by the Blue Cross and Blue Shield medical director, but only under certain conditions. We have forwarded Dr. Willey's letter to Blue Cross and Blue Shield.

Tell me how to get involved

I find it interesting how often we are implored to take part in the ongoing medical-legal transactions of recent times. As a recent graduate of my fellowship training, I have moved twice in three years and lived in three different states. I am not politically motivated, nor do I even know much about the political system. I do not know my congressional representative or my senator. I do not think I am alone in my ignorance.

I would like to participate in the medical legislative battles. However, I am just not sure how to do so. The next time your well-informed and well-intentioned staff beats the drums to round up support for whatever reason, how about including some names and addresses for those of us whose spirit is willing, but just do not know whom to address?

David J. Dansdill, M.D.
Rockford

Editor's Note: Dr. Dansdill's point is well taken. Space considerations preclude a complete listing of all representatives each time a legislative issue requires special attention. We will publish periodic listings of elected federal and state officials our readers can retain for reference; look for the first such directory early in 1992.

Send letters to: Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, Ill. 60602, or fax to (312) 782-2023.



Illinois State Medical Society and its Component Societies

Presents

"Two Exciting Caribbean Cruise Programs"

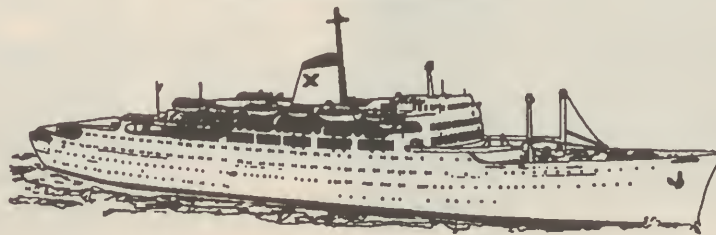
From **\$969** per person
Chicago Departures

St. Louis Departure
January 20 - 27, 1992
Chicago Departure
February 10 - 17, 1992

ss **Amerikanis**

PORTS OF CALL

🌴 San Juan
🌴 St. Thomas
🌴 Guadeloupe
🌴 Barbados
🌴 St. Lucia
🌴 Antigua
🌴 St. Maarten



TOUR INCLUDES:

Round-trip jet air transportation 🌴 Seven days cruising 🌴 Eight meals per day on board the ship
🌴 Transfers via air conditioned motorcoach 🌴 A Trans Global escort to host your cruise 🌴
Captain's Cocktail Party, Gala Masquerade Ball and Farewell Party, and much, much more...

FOR ADDITIONAL INFORMATION CALL OR WRITE:

TRANSGLOBAL

8200 Normandale Boulevard, Suite 504 • Minneapolis, MN 55437

USA Toll Free: 1-800-328-6264

SPACE IS LIMITED! SIGN UP SOON!
OPEN TO MEMBERS,
THEIR FAMILIES & FRIENDS.

Terminating care: a right way and a wrong way to do it

by Janice Rosenberg

TELLING A PATIENT that you can no longer serve as his or her physician is not an easy task, but it is one that many physicians may eventually face. Communicating and implementing that decision, however, is a sensitive and complex procedure. Physicians who arbitrarily terminate care of patients risk lawsuits based on claims of abandonment. They also risk being disciplined under the Medical Practice Act of 1987.

Abandonment occurs when a physician undertakes the care of a patient and, before that care is con-

cluded, chooses to discontinue treatment, says Charles Schmidt, an attorney and partner at Brandon & Schmidt in Carbondale.

"The physician-patient relationship is consensual," says Schmidt. "If either decides to end it, he can. The trick is in doing it properly."

"Usually, when a physician terminates care it's because the patient is non-compliant," says Alfred J. Clementi, M.D., a member of the Illinois State Medical Insurance Services Board of Directors. "The patient will not follow the doctor's instructions, he will not care for himself, and because of that, he contin-

ues to injure himself and has the potential of causing some serious damage that the physician could then be blamed for."

Before terminating care to such a patient, Dr. Clementi says, "You should sit down and have a good heart-to-heart talk with him and say, 'Either you have to do what I say, or I won't be able to continue seeing you and you'll have to get another doctor.'"

Schmidt says the problem can be especially difficult in rural areas. He cites the hypothetical example of a high-risk pregnant patient in a county with only one obstetrician. The physician is caring for the woman but, in the seventh month, says to himself, "This woman refuses to co-operate. I don't want to continue treating her." So, the physician terminates care of the woman and she transfers to a doctor 75 miles away. While traveling to her new doctor's office, she goes into labor and delivers a stillborn baby 50 miles from the hospital.

"The original doctor could be sued for terminating her care under circumstances where she was unable to find appropriate care elsewhere, and she may have a pretty good case," Schmidt says. "The physician should have considered that he was the only doctor capable of providing the care. If care hadn't been terminated, the baby might still be alive."

This means that in some instances physicians must continue caring for non-compliant patients until appropriate arrangements to transfer the patient to another doctor are made. "If the doctor balances the risk to the patient against the benefits to himself of terminating her care," Schmidt continues, "and the balance tips in the patient's favor, he's going to have to keep the patient."

Despite an urban or rural setting, there is a right way and a wrong way to terminate care, says Saul J. Morse, Illinois State Medical Society legal counsel.

"Physicians can avoid liability for abandonment by terminating the physician-patient relationship in one of five acceptable ways," notes Morse. "A physician can terminate care in instances where (1) medical care is no longer needed; (2) the patient specifically withdraws from the relationship; (3) the care of the patient is transferred to another physician; (4) the physician is unable to provide care; or (5) the physician provides ample notice to the patient."

If a patient does not have a current medical condition, Morse says, the physician may, without further repercussions, simply notify the patient that he is withdrawing from the physician-patient relationship.

But in instances where a patient withdraws from care when the physician believes further care is needed, the physician should obtain written confirmation of this withdrawal from the patient. Failing that, the physician should send a letter to the patient documenting that the patient voluntarily withdrew from the relationship against the physician's advice. Schmidt adds that some hospitals and physicians have forms for

patients to sign acknowledging that they are terminating the relationship against the physician's advice.

Morse says that before terminating care in cases where the patient has a continuing medical problem, the physician must make all possible attempts to arrange a substitute or consultant to provide care. When transferring a patient, a physician must continue to care for the patient until a new physician is found. "Moreover, the physician must ensure that the new physician is both capable of and willing to care for the patient," Morse adds.

Similarly, when a physician is no longer able to provide care, he or she should also ensure that a substitute physician is found, and that the new physician agrees to assume the patient's care.

When a physician withdraws from treating a patient, the physician must provide ample notice and sufficient time for the patient to find a new doctor. "The physician should state in a letter that he is unable to continue as the patient's physician as of a certain date; for example, 30 days from the date the letter is mailed," Morse says. "The letter should be sent certified or registered mail, with a return receipt requested." Physicians are not obligated by law to state their reasons for terminating care, but they may wish to do so.

"The physician-patient relationship is consensual. If either decides to end it, he can. The trick is in doing it properly."

— attorney Charles Schmidt

Morse says that physicians can terminate care for patients who fail to pay their bills, providing that the termination does not constitute abandonment. "However, if the patient goes on public aid, the physician's non-participation in a public aid program does not release the physician from the obligation to provide services for the patient," cautions Morse. "The general parameters for terminating a physician-patient relationship apply whether or not the physician will be paid for his or her services."

Additional restrictions exist on the termination of the physician-patient relationship in hospital emergency rooms, according to Morse. "Under federal law, a patient who presents for emergency medical services, or who is in active labor at a hospital emergency room, must be screened, and care and treatment must be provided."

In addition, patients in emergency rooms must be stabilized prior to transfer, except in specified circumstances, Morse says. "Federal law provides for restrictions on the transfer of patients, identifying what is determined to be an appropriate transfer with definitions of 'emergency con-

YOCON[®] YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

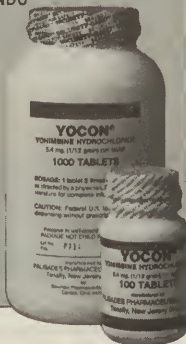
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

ditions,' 'stabilize' and 'transfer.'" In addition, Morse says, federal law provides for civil monetary penalties in the amount of \$50,000 for each violation of the law. However, "A patient's refusal to consent to treatment or to consent to transfer as applicable will relieve the health care provider and the health care facility of responsibilities and liability under the enforcement provisions of the Act."

Regardless of the setting in which termination occurs, documentation is sure of the utmost importance. "Be sure to document that you've told the patient you are terminating the relationship," advises Dr. Clementi, "and that you've told the patient when it will terminate and to seek care from another physician." ▲

Cancer detection audiotapes now available

IF YOU MISSED the Illinois State Medical Inter-Insurance Exchange risk management cancer detection and diagnosis seminar last month – or if you attended and want to review part or all of the program – you can. "Malpractice Dilemma: Focus on Cancer Detection and Diagnosis," presented Sept. 25 in Chicago and Oct. 3 in Fairview Heights, is available now on six audio cassettes.

The tapes, which cost \$10 each or \$54 for the set, feature presentations on detection, screening, mammography and surgical consultation for breast cancer; screening and treatment of colon cancer; early detection of lung cancer; and documentation and defense strategies, presented by malpractice attorney Lloyd Williams. Seminar speakers on the tapes include John H. Isaacs, M.D., director of the Division of Gynecologic Oncology at Loyola University Stritch School of Medicine; Harold J. Lasky, M.D., clinical professor of radiology at the University of Illinois College of Medicine; Alfred J. Clementi, M.D., general surgeon and Illinois State Medical Insurance Services board member; Sheldon Sloan, M.D., assistant professor of medicine at Rush Medical College; and John Merrill, M.D. associate clinical professor of medicine at Northwestern University Medical School.

The audiotapes, which were recorded at the Chicago seminar, can be ordered by mail from First Tape Inc., 770 N. LaSalle St., Suite 301, Chicago, Ill. 60610. To obtain an order form, call the Exchange risk management department at (312) 782-1654. ▲

VARIED COMPLAINTS... REPEAT VISITS... NEGATIVE WORKUPS...

SUSPECT PERSISTENT ANXIETY...

▲ Persistent anxiety can manifest as a variety of somatic and psychic symptoms

RELIEVE IT WITH BuSpar®...

▲ Proven anxiolytic efficacy¹

▲ Smooth, progressive action—relief starts within 1 week, progresses steadily through the fourth week of therapy¹

▲ No more sedation (10%) than seen with placebo (9%)²

▲ Nonaddictive, no evidence of withdrawal syndrome³

▲ More commonly observed untoward events include dizziness (12%), nausea (8%), headache (6%), and nervousness (5%)

BuSpar® 10mg (buspirone HCl)

Progressive Relief of Persistent Anxiety.

Please see references and brief summary on adjacent page.

©1991, Bristol-Myers Squibb Company, Princeton, New Jersey 08543, U.S.A. JK-92

BuSpar® (buspirone HCl)

References: 1. Feighner JP, Cohn JB. Analysis of individual symptoms in generalized anxiety—a pooled, multistudy, double-blind evaluation of buspirone. *Neuropsychobiology*. 1989;21:124-130. 2. Newton RE, Marunczyk JD, Alderdice MJ, Napoliello MJ. Review of the side-effect profile of buspirone. *Am J Med*. 1986;80 (suppl 3B):17-21. 3. Lader M. Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med*. 1987;82 (suppl 5A):20-26.

Contraindications: Hypersensitivity to buspirone hydrochloride.

Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has been elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: **General—Interference with cognitive and motor performance:** Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdrawal patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported. The syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients:—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions:—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like digoxin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like dextropropoxyphene. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility:—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects:—Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers:—Administration to nursing women should be avoided if clinically possible.

Pediatric Use:—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly:—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function:—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): Commonly Observed:—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment:—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials:—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: **Cardiovascular:** Tachycardia/palpitations 1%, CNS: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%, **EENT:** Blurred vision 2%, **Gastrointestinal:** Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%, **Musculoskeletal:** Musculoskeletal aches/pains 1%, **Neurological:** Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%, **Skin:** Skin rash 1%, **Miscellaneous:** Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation:—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. **Cardiovascular:**—Frequent: non-specific chest pain; infrequent: syncope, hypotension, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. **EENT:**—Frequent: finnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. **Endocrine:**—rare: galactorrhea, thyroid abnormality. **Gastrointestinal:**—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. **Genitourinary:**—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. **Musculoskeletal:**—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. **Neurological:**—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. **Respiratory:**—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. **Sexual Function:**—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. **Skin:**—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. **Clinical Laboratory:**—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. **Miscellaneous:**—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.

Postintroduction Clinical Experience:—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: Controlled Substance Class:—Not a controlled substance. **Physical and Psychological Dependence:**—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from marketed experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: Signs and Symptoms:—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment:—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.

U.S. Patent Nos. 3,717,634 and 4,182,763

MJL8-4270R2

Mead Johnson
PHARMACEUTICALS
A Bristol-Myers Squibb Co.
Princeton, New Jersey 08543
U.S.A.

Illinois physician named ASIM Young Internist of 1991

by Anna Brown

ASK DONALD E. Casey Jr., M.D., what the most important part of his practice is and he says it's his stethoscope.

But the American Society of Internal Medicine and Dr. Casey's colleagues at the Illinois Society of Internal Medicine say it is much more. On Oct. 10, they presented the 39-year-old internist from Oak Park the 20th ASIM Young Internist of the Year Award at the group's annual meeting in Washington, D.C.

"I feel very humbled and grateful," says Dr. Casey. "I've never received any type of award like this." Dr. Casey received the award "in recog-

nition of exemplary service to the Society and for contributions to the understanding of the role of socioeconomics in the practice of medicine," according to the award criteria, which also specify the recipient must be under the age of 40.

"It's terrific," says Elliott Kroger, M.D., of Chicago, who has known Dr. Casey since they were residents together at Rush-Presbyterian-St. Luke's Medical Center. "Dr. Casey is an excellent physician who is very good with patients."

Danuta Hoyer, M.D., an internist who has practiced with Dr. Casey since 1986, says, "I think they chose well. He is extremely active at both Rush and West Suburban Medical

Center in Oak Park."

Dr. Casey received his undergraduate degree from Dartmouth College, in Hanover, N.H., and his medical degree from the University of Cincinnati College of Medicine in 1978. He was certified by the American Board of Internal Medicine in 1981.

Active in organized medicine, Dr. Casey is the current ISIM president, and was the 1989-1990 president of the Aux Plaines branch of the Chicago Medical Society. He has been a delegate to the ASIM House of Delegates since 1986.

Dr. Casey says his involvement in organized medicine began when a colleague asked him to attend meetings of the Chicago Medical Society. "I stuck with it and really enjoyed meeting different people from different fields in medicine around the city," he says.

"Traditionally, internists have not been as active in organized medicine as some of the other specialties," he says. "I think the ASIM has really helped improve the image and self-

esteem of the internist."

Dr. Casey says that an enormous task facing his profession is the ability to ascertain what constitutes quality care.

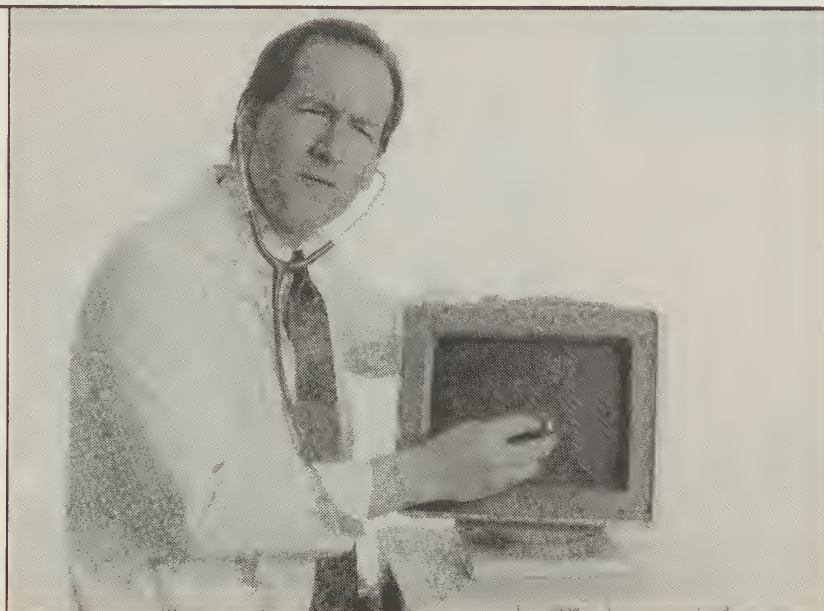
"We have a responsibility to our patients to make sure that governmental policies are fair and are in the best interest of patients' care," he says. "We really have to maintain a role as patient advocates."

"I'm most concerned about the threat of malpractice suits, both personally and to the entire profession," he says. "The biggest thing is to try and remove as much of the unnecessary adversity that faces the profession as possible. I want to help in any way I can to fight that, because it's destructive to the physician-patient relationship. The bottom line is that we are committed to excellent pa-

(continued on page 18)



Donald E. Casey Jr., M.D. (right), receives the ASIM award.



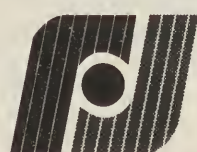
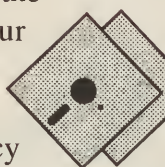
Get A Second Opinion.

If you're still confused about which software program can help manage your practice, it's time to call Reiser, Jennings and Co.

Now more than ever, you need software programs that can give you comprehensive insurance billing, effective patient billing, a recall or reminder service, record keeping and scheduling, and even secondary billing to ensure full payment. You need software like Medical Manager and E-Z View--software that can make your practice more efficient and more profitable than ever before.

Reiser, Jennings and Co. is an independent accounting firm and we've been helping private practices for over 23 years choose and implement the best computer and software packages available. Our training program is proven to get our clients as productive as possible in as quick amount of time as possible. And that is the key to greater efficiency and profit.

Call Reiser, Jennings and Co. today and get your practice growing the way you've always wanted it to.



Reiser, Jennings and Co.
of Illinois P.C.
Bloomington, Illinois
1-800-677-2814

Pediatric Orthopaedic Problems for Primary Care Physicians

**Saturday
November 16, 1991**

8:30am - 4:30pm

Shriners Hospital's Auditorium
2211 N. Oak Park Ave. Chicago, IL 60635-3392

credit: 6 C.M.E. hours (category I)

tuition: \$25.00 physicians
\$15.00 residents, nurse practitioners

info: Call 312-622-5400, ext 279
Carol Paulus-Kalis



Shriners Hospital
for Crippled Children, Chicago Unit



The recommended starting dose for Calan SR is 180 mg once daily. Dose titration will be required in some patients to achieve blood pressure control.

A lower initial starting dosage of 120 mg/day may be warranted in some patients (eg, the elderly, patients of small stature).

Constipation, which is easily managed in most patients, is the most commonly reported side effect of Calan SR.

BRIEF SUMMARY

Contraindications: Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdose. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digitoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

4/11/91 • P91CA6143V

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

SEARLE G.D. Searle & Co.
Box 5110, Chicago, IL 60680

A91CA6148T

When diet and exercise alone are not enough...



A MILD START IN MILD HYPERTENSION

© 1991, G.D. Searle & Co.

'It's not impossible; it's just a lot of work'

Meeting state laboratory requirements takes time, effort

by Tamara Strom

WILLIAM F. HAYS, M.D., a Herrin family physician, did something not many other Illinois physicians have been able to accomplish: He passed the Illinois Department of Public Health's clinical office laboratory educational survey.

But it wasn't easy. Getting his in-office lab in shape to meet the survey requirements took a year and a half of work.

His formula for success? Hiring a competent laboratory technician to help bring his lab into compliance with the Illinois Clinical Laboratory

Act. "As a physician, I didn't have the time to do all the necessary preparations alone," he said.

So three years ago he hired full-time lab tech Loida Aaron. After researching the state law and what little was known about the pending federal rules, they set out to implement mandated quality control and proficiency testing procedures in his office laboratory.

"We looked at all the manuals and read all the literature," Dr. Hays said. "You just have to make sure you have quality assurance and a self-testing mechanism in place for each test you perform. It can be done. It's not im-

possible; it's just a lot of work."

Dr. Hays also recommends that physicians trying to comply with the state's laboratory law review the provisions of the legislation and literature about compliance before starting. Then, he said, set distinct goals, sign up for proficiency testing and assure that the testing is performed correctly. Lastly, he said, "Prepare for the onslaught" of effort and paperwork.

Physicians should take constructively any criticisms about their labs received during a survey, he noted. "Some of the requirements we may think are redundant or silly, but we

have to do them."

"Tons of paperwork" is also required, Aaron said. She had to write procedure manuals for each of the 20 to 25 different tests Dr. Hays performs for his patients. Aaron also compiled an overall safety manual for the lab, something 200 other physician office labs had not done, the IDPH surveyor told her.

"Everything has to be written down," Aaron said. "Dr. Hays has to review and sign everything as the medical director."

"I end up signing 40, 50, 60 sheets of paper a day so I can say I saw each report," Dr. Hays added. "The paperwork just becomes phenomenal. We can see storage of the paperwork is going to become a problem in the future."

"I end up signing 40, 50, 60 sheets of paper a day so I can say I saw each report. The paperwork just becomes phenomenal."

— William F. Hays, M.D.

Completing the necessary paperwork also is time-consuming, Aaron said. She spends at least 30 to 45 minutes charting and graphing quality control results "if there are no problems."

"If there is a problem, it takes longer to figure out what is wrong, and maybe calibrate an instrument if necessary," Aaron said. "If you keep up with it on a daily basis it's not too bad. But if you get behind, it can get horrendous. I've taken it home with me several times."

Complying with the state clinical lab regulations and preparing for the impending federal rules is costly as well as difficult.

"I am wondering if I'm even turning a profit in my lab," said Dr. Hays. "But my patients like the convenience of having their lab work done right there in the office. Everything can be taken care of in one visit. It also makes me much more confident in my diagnoses to have the lab results right there."

However, Dr. Hays has stopped some tests, such as reticulocyte counts, because the quality control and proficiency testing make it cost-prohibitive. The controls alone for a month would run \$75. "We only do reticulocyte counts once a week or a few times a month," he explained. "Because we do the test so infrequently, and the controls and the proficiency testing requirements are so strict and rigid, it is not cost-effective to do it at the office."

Patients are sent to a reference lab for those tests Dr. Hays does not perform in his permit-class II laboratory. "It takes longer to evaluate an anemia, for example, and more office visits are necessary," he said. "It also makes the thinking process more cumbersome, because you don't



**MEDICAL
COLLEGE
OF WISCONSIN**

More than 500 physician specialists
working in partnership with area physicians.
1-800-472-3660

Medical College of Wisconsin physicians primarily practice at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin
Children's Hospital of Wisconsin
Curative Rehabilitation Center
Froedtert Memorial Lutheran Hospital
Medical College of Wisconsin
Milwaukee County Medical Complex
Milwaukee County Mental Health Complex

Transforming medical research and knowledge into new ways to care for patients.

have all the results in front of you."

Although Dr. Hays believes his lab can pass the muster under the federal clinical lab regulations, overall he thinks the more stringent federal Clinical Laboratory Improvement Amendments will "be a disaster for the country" because they're written by "bureaucratic and academic types" who are not on the front line treating patients. The new rules are expected to take effect sometime next year.

Because of the "tremendous amount of cost and work" involved in complying, availability of services for patients will decrease, he predicted. The expense to the physician will exceed the benefit to the patients.

"The net effect of CLIA probably will be an increase in work and cost without a great deal of improvement in quality," Dr. Hays said. "The bad physicians will find a way to get around it, like they did before. But the majority of physicians will continue doing their best to comply."

"Unfortunately, the law is probably a necessary evil," he added. "There are some physicians who never run controls and don't know how to calibrate their instruments. There always are a few bad apples that spoil the batch."

Although CLIA will make offering lab testing for patients more difficult for some physicians, Dr. Hays said he will continue to make the effort and believes other physicians around the state will as well. "The convenience of having the lab results in front of you quickly cannot be duplicated," he said. "The value of maintaining an office lab is there. The problem is CLIA will make it difficult to perform even the simplest tests."

The work put in to comply with the Illinois Clinical Laboratory Act already has paid off for Dr. Hays and his office staff — they passed the state's educational survey with only a few deficiencies. And although they had been planning for the site visit for months, Aaron said she was "extremely nervous" for days before the IDPH investigator was to visit and during the entire three-hour survey.

"I had heard scary stories from other people who had been through it before, but we did pass."

— Lab technician Loida Aaron

"I had heard scary stories from other people who had been through it before," Aaron said. "But we did pass. We still need more quality control in daily quality charting. I'm doing a little bit at a time and it hasn't been so bad."

While Dr. Hays sees the need for some degree of regulation, he said, "The last thing we need in medicine is more paperwork."

"Somebody has to make it easier for us to see patients," he explained. "But as long as there is as much third party intervention as there is, medical care will continue to spiral down in quality. When physicians are again the captain of the ship, that's when quality will improve and costs will go down." ▲



Family physician William F. Hays, M.D. (right), and his lab technician, Loida Aaron, both of Herrin, spent more than a year bringing their office laboratory in compliance with Illinois regulations. Although they passed a state educational survey, they are still implementing quality control procedures to prepare for the pending federal CLIA regulations. The federal rules, expected by the end of the year, will be harsher than current state law.

The Spokesman

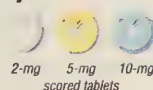
Your Rx for
Valium

(brand of diazepam/Roche)

may be open to
seventeen
interpretations...

unless you settle the issue by checking
the "May Not Substitute" box.

VALIUM[®]
brand of
diazepam/Roche[®]



The final choice should really be yours
The cut out "V" design is a registered trademark of Roche Products Inc.
Copyright © 1991 by Roche Products Inc. All rights reserved.

ROCHE Roche Products
Roche Products Inc.
Manati, Puerto Rico 00701

to subscribing hospitals through the COMPdata system. According to IHA, the principal use of COMPdata is "planning, marketing and physician relations." While the law assures that hospitals can review their own data before it is published, it says nothing about receiving enhanced or value-added data about their competitors.

When allegations about improper release of information surfaced, the Council stopped providing IHA with the data, Lund said.

"We are disturbed to hear IHA's data system is providing information about physicians pertinent to their admitting practices from one hospital to another," said Illinois State Medical Society President Robert M.

Reardon, M.D. "Physicians are unaware this information is being made available and should be significantly concerned about the uses being made of this information. This data is being made available to hospitals throughout the state without physicians' knowledge or consent."

Dr. Reardon said he is concerned that the doctor-specific information is being released as a marketing and planning tool to competitor hospitals. "It was our understanding that hospitals could only obtain aggregate information on competitor hospitals," Dr. Reardon said. "But it has become apparent COMPdata is providing specific information about physicians and their patients to competitor hospitals. Because hospitals have access to the types of patients being admitted, the diagnoses treat-

ed and the procedures a doctor performs, it is a distinct possibility hospitals could use this information for economic credentialing."

IHA Vice President James J. Kowalczyk said he could not comment directly on the Council's concern about the alleged inappropriate release of the data. "This information has been available to hospitals for four years, and it has just been called into question in the past few weeks by [the Cost Containment Council]," he said. "Our case has not been fully made to the Council and that is the most appropriate place for that to be made. An issue has been raised and we need to address it with them."

In response to the Council's review of the IHA/IHCCCC agreement, the hospital association sent a memoran-

dum to all member hospitals telling them their access to their own data "is being questioned." IHA cites two reasons for the Council's action. First, IHA claims, the Council wants to increase its "revenue-generating capabilities" by marketing hospital data itself. Second, IHA claims the medical society "has expressed a strong desire to eliminate access to the physician ID field ... including hospital sharing of this information."

Dr. Reardon stressed ISMS has "no intention" of trying to prohibit hospitals from reviewing the accuracy of data the Council publishes about them. "We object to the way this data is being shared because it may lead to economic credentialing," he said. "It is inappropriate for competitor hospitals to receive identifying physician and patient information that should be confidential. Hospitals, of course, always have the right to utilize information about their own physicians and admissions. We would never try to block that access."

Because information is being released by ZIP code, patient confidentiality is at risk, Dr. Reardon said. IHA contends, however, that it "has been historically extremely concerned over the issue of protecting patients' confidentiality," Kowalczyk said. "We certainly feel that any information that doesn't protect patient confidentiality should be kept out of the public domain. Hospitals work under strict constraints on maintaining patient confidentiality from state regulations as well as federal regulations. Hospitals are in the business of protecting patients, as are physicians."

The Cost Containment Council is meeting this week to examine its data-sharing relationship with IHA, Lund said. ▲

IHA enhances data for hospitals

ALL ILLINOIS Hospital Association members can subscribe to COMPdata. IHA "ties together several data sets into a single repository" for hospitals to use in planning, marketing and medical staff relations, said IHA Vice President James J. Kowalczyk.

Hospital subscribers receive "value-added" information through "enhanced" hospital data, Kowalczyk said. "All of this information used together is what makes COMPdata very valuable to hospitals," he said.

IHA members pay for access to COMPdata, he said, explaining that the annual fee is dependent on how big the hospital is and how it uses the system. Direct, or on-line, users pay more than indirect users, Kowalczyk said. Many small hospitals in Illinois who do not have "dedicated marketing and planning departments" are indirect users. They access the information by having IHA staff generate a specific report.

IHA also charges hospitals a 31 cent fee for every patient discharge as an annual subscriber fee for COMPdata, Kowalczyk said. By tying the fee to annual discharges, IHA is making the service affordable for all its members, not only the "well-to-do hospitals," he said.

"Some hospitals have access for as little as a few hundred dollars a year. Very large hospitals using the system on a direct basis could be paying" about \$7,000 to \$8,000 a year, he estimated. ▲

AMIC

A	D	V	A	N	C	E	D
M	E	D	I	C	A	L	
I	M	A	G	I	N	G	
C	E	N	T	E	R		

The Advanced Medical Imaging Center
Announces the availability of

MRI

AMIC offers state-of-the-art in Magnetic Resonance Imaging. In addition to standard MRI examinations, MR angiography will be available.

Advanced equipment design allows improved patient comfort:

- ▼ Accommodates patients weighing up to 400 pounds
- ▼ Reduces patient apprehension and claustrophobia through:
 - ▼ Specially installed music system
 - ▼ Large diameter gantry

AMIC is a full-service facility committed to providing high quality imaging. Our commitment means:

- ▼ Convenient location and hours ▼ Fax reports within 24 hours
- ▼ Board Certified Specialists ▼ Registered and Licensed Technologists
- ▼ Courteous office staff ▼ Sensitive Patient Care

"Working with you to extend your reach of care."

Call today for an appointment or to request information.

(312)807-3555

Radiological Physicians Limited

Magnetic Resonance Imaging, General Radiology, Mammography, Ultrasound, Computed Axial Tomography and Nuclear Imaging.

Hours: Monday through Friday - 7:30 a.m. to 5:30 p.m. Saturday - 9:00 a.m. to 1:00 p.m.
The Garland Building, 111 North Wabash Avenue, Suite 620, Chicago, Illinois 60602

CIMRO

(continued from page 1)

al offered by Crescent Counties. We wanted to stay in the peer review business; it's our lifeblood. But financially it's unworkable and just impossible."

In an Oct. 9 letter to CIMRO's 1,154 physician members, President Harold J. Kolb, M.D., informed Illinois doctors of CIMRO's decision to cease all Medicare review activities. He explained that Crescent Counties had sent the proposed contract to CIMRO for review "shortly before the close of business" on Sept. 30, the day its previous subcontract expired. At an emergency board meeting the next day, CIMRO's board of directors "entirely rejected" the proposed subcontract and informed Crescent Counties in writing of its decision, Dr. Kolb said.

Crescent Counties officials declined comment on the CIMRO situation.

The proposed subcontract covered only 25 percent of CIMRO's costs for performing the Medicare review, Dr. Kolb said. The PRO would be "fiscally irresponsible" to accept the deal as offered.

Throughout the last contract period, CIMRO incurred "significant financial losses" and was forced to subsidize its Medicare program with funds from private review activities, Gagliardo said.

"We thought we were doing a good job, but we just simply couldn't support Medicare review because Crescent Counties wouldn't pay us enough money."

— Harold J. Kolb, M.D.

"We simply could not continue at the proposed funding level," she said, explaining CIMRO was paid on a prospective number of cases to be reviewed. Growing amounts of required paperwork for fewer cases also would lower the reimbursement, she added. "We would not have been able to get the job done at that price."

Dr. Kolb said CIMRO's board members are "disappointed" that the PRO is discontinuing Medicare review. "We thought we were doing a good job," he said. "But we just simply couldn't support Medicare review because Crescent Counties wouldn't pay us enough money. We just don't have the money."

Gagliardo said that after CIMRO informed the PRO the contract was unacceptable, Crescent Counties made no counteroffer to increase the reimbursement provisions. Dismissing speculation that CIMRO's decision was a "negotiating ploy," she said CIMRO has begun "boxing up" all the records and information pertaining to Illinois Medicare and Medicaid review for shipment to Crescent Counties.

CIMRO also found unacceptable a contract provision requiring it to recruit downstate physician reviewers for Crescent Counties, Dr. Kolb said. According to CIMRO, Crescent Counties wanted to obtain "physi-

cian sponsored status" by showing it represented physicians statewide in preparation for a possible upcoming competitive bidding process for the Illinois Medicare PRO contract.

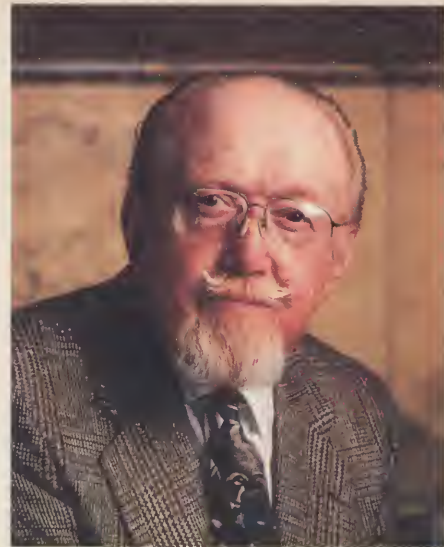
"The CIMRO Board of Directors found the ... proposed subcontract requirement to recruit CIMRO physician reviewers for [Crescent Counties] membership totally inappropriate," Dr. Kolb said. "The CIMRO Board of Directors believes this is an individual decision appropriately made by each CIMRO physician reviewer in response to a direct request by [Crescent Counties]."

CIMRO also will no longer perform hospital Medicaid review, Gagliardo said, although the contract dispute was not related to the Medicaid subcontract. Through its Champaign office, CIMRO will continue to operate review activities for

Missouri's Medicaid program and private industry in Illinois, she said.

If, and when, the U.S. Health Care Financing Administration initiates a competitive bidding process in Illinois for either Medicare or Medicaid peer review, CIMRO said it is "committed to bid on such contracts."

"The CIMRO Board of Directors stands ready to continue its involvement in peer review for Medicare and Medicaid in Illinois and its representation of physicians and hospitals in downstate Illinois," Dr. Kolb said in his letter. "The board believes every effort has been made to maintain a credible peer review program with the high-quality objective peer review that is only possible with the support of actively practicing physicians in our area." ▲



Harold J. Kolb, M.D., informed downstate Illinois physician members of CIMRO's decision to cease all Medicare review activities.

Bill Wiegand



They Say There's A Touch of Magic in the PBT Major Medical Plans...

But we simply listened to you, the member physicians of the Chicago Medical Society and the Illinois State Medical Society. Then we designed low-cost *individual* and *group practice* Major Medical plans with the great features you asked for:

- No Pre-Approvals
- No Second Opinions Required
- Comprehensive Coverage
- Guaranteed Renewable
- Your Choice of Doctors & Hospitals

The PBT Major Medical Plans aren't magic, but they are what you expect from your medical society. After all, we're just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

☐ Please send information about the **PBT Major Medical Plan** sponsored by my medical society.
☐ Send information about the other PBT plans I have checked.

☐ Excess Major Medical Name: _____
☐ Medicare Supplement Practice Name: _____
☐ Hospital Indemnity Street: _____
☐ Dental City/State/Zip: _____
☐ Long Term Disability Telephone: _____
☐ Accidental Death & Dismemberment
☐ Term Life
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

ISMS
 Mail to: Physicians' Benefits Trust
 222 South Riverside Plaza, Suite 2360
 Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

HIV risk low in health care settings

by Anna Brown

THE SIGNING OF HIV disclosure legislation, S.B. 999, has renewed discussion among health care workers regarding the use of universal precautions in infection control when performing invasive procedures. In addition, most physicians and health care organizations, including the Illinois State Medical Society, recognize that the risk of contracting AIDS from a health care worker is virtually non-existent.

"The public still has a very stigmatized view of AIDS," said Kenneth A. Haller Jr., M.D. "It has become more of a moral issue than a health issue. The chance of HIV infection from a health care worker is so astronomically low, the chances are about the same as getting hit by a meteor."

Dr. Haller stressed the need for public education on subjects such as drug abuse and unsafe sex. "An ill-informed public leads to a false sense of security," he said, suggesting that information needs to be dispensed through schools and the media. "The government has been handling AIDS extremely gingerly because of pressure from right-wing religious groups and other organizations. But the infection rate is still very high."

HIV infection from health care

workers poses "infinitesimal harm to the public," said L. Von Behren, M.D., director of the southern Illinois site of the Midwest AIDS Training and Education Center (MATEC). Dr. Von Behren also advocates education, citing former U.S. Surgeon General C. Everett Koop, M.D., as a "very effective and wise spokesman."

Dr. Von Behren noted the danger in basing legislation on hysteria and not scientific fact. The new legislation, he said, should have addressed universal precautions. "We're doing better, but there's always room for improvement."

For the public, Dr. Von Behren's message is that "everyone should avoid needle sharing and sex outside a monogamous relationship."

Anthony H. Dekker, D.O., who said he is tested for HIV

four times a year, believes all physicians should know their serostatus, and should inform patients. "If physicians are at risk they should test themselves in a confidential manner," he said. "If I ever turn HIV positive, I will inform my patients."

"I find it interesting that the public expects physicians to accept patients without regard for HIV status, but expects physicians to disclose their own HIV status," he said. ▲



©DG 1989

HIV infection from health care workers poses "infinitesimal harm to the public."

— L. Von Behren, M.D.,
director of the southern Illinois site of
the Midwest AIDS Training and
Education Center (MATEC)



Win. Daniels/The Photo Partners

HIV notification bill

(continued from page 1)

tient files or discovered during IDPH review is exempt from the provisions of the Illinois Freedom of Information Act.

Currently, 208 health care workers in Illinois have AIDS; 23 of them are physicians, according to IDPH. The department plans to notify only those patients who received invasive procedures from these health care workers. The department estimates contacting patients of 85 health care providers.

Patients of all five Illinois dentists with AIDS will be contacted, IDPH spokesman Tom Schafer said, because "there is almost nothing a dentist does that does not involve blood," according to U.S. Centers for Disease Control HIV guidelines. He added that patients of the Illinois surgeons with AIDS also will be contacted. Because the department is prohibited from collecting the

names of individuals who, while HIV positive, do not yet exhibit symptoms of AIDS, the total number of Illinois health care workers who are HIV positive is unknown.

Legally, HIV-positive physicians and health care providers do not have to identify themselves. Ethically, however, physicians are bound to either tell their patients they are HIV positive or stop performing invasive procedures, according to American Medical Association policy.

IDPH said it will disseminate information about universal precautions to HIV-infected health care providers. Any HIV-positive physician who fails to use proper barrier techniques while treating patients can be reported to the Illinois Department of Professional Regulation for unprofessional conduct.

IDPH will not notify physicians and other health care workers who may have performed invasive proce-

Medical Malpractice

INSURANCE PROBLEMS?

Rose-Tillmann, Inc. has teamed up with established, A.M. Best rated insurance companies to offer a **complete** insurance program - even if you have had difficulties obtaining malpractice insurance in the past!

Rose-Tillmann can offer you:

- **AFFORDABLE PREMIUMS**
- **PRIOR ACTS COVERAGE** (tail with new insurer)
- **FINANCIALLY STRONG INSURANCE COMPANIES**
- **THE BEST OVERALL INSURANCE VALUES**

In addition, we offer competitive quotations for:

- Property Insurance
- General Liability Coverage
- Auto, Homeowner, Umbrella Policies

At Rose-Tillmann, we are experienced specialists in providing insurance programs for physicians, clinics, and hospitals. Rose-Tillmann provides the insurance, professional counseling, and services you need to protect your practice.

Call us today to discuss the alternatives.



ROSE-TILLMANN, INC. BONDS & INSURANCE
P.O. BOX 647 630 DUNDEE ROAD SUITE 200 NORTHBROOK, IL 60065
P11ONE 708/480-3570 WATS 800/323-0371 FAX 708/480-8755

PRIMARY CARE PHYSICIANS

Plan To Attend This Informative Conference

PANIC DISORDER IN THE PRIMARY CARE SETTING

Friday, November 8, 1991

Wyndham Milwaukee Center
Milwaukee, Wisconsin

~Featured Speaker~

Wayne Keaton, MD
University of Washington

Presented by
Medical College of Wisconsin
Department of Psychiatry and Mental Health Sciences
Department of Family Practice
and
St. Mary's Hill Hospital, Milwaukee

CME Credits Offered

To register or for more information, call
St. Mary's Hill Hospital, 414/271-5555, extension 270

dures on HIV-infected patients before the law was passed, Schafer said.

But when the rules are drafted, IDPH will begin asking individuals who test HIV positive for information not only about their sexual and needle-sharing partners, but about their health care providers, to allow contact tracing, he said.

"The health care workers will then get a letter from us explaining that they may have performed an invasive procedure on an HIV-positive individual," Schafer said.

At-risk patients referred to their own doctor for testing

Opponents of the legislation called the notification plan unnecessary, citing the extremely low risk of transmission in health care settings. The cost of testing and counseling, which IDPH originally estimated at \$10 million, was also cited.

"There was some concern about the cost of the notification law," Edgar said after signing the bill. Responding to those budgetary concerns, Edgar said patients notified about a possible exposure to HIV through an invasive procedure will be referred to their family doctor for testing and counseling.

"This will reduce the cost substantially for us," Schafer said. "Providing the testing and counseling was something we felt we couldn't afford. Referring the patients to their own physician was a decision we made in conjunction with the governor's office. There was an assumption all along that the state would provide free testing and counseling. But there was no funding attached to this bill and there was no way we

could afford to."

About 12,000 to 15,000 Illinois residents a year now receive HIV tests from IDPH, Schafer said, adding that the mandates of the legislation could more than double the number of people passing through state testing and counseling. By referring patients to their own physicians, IDPH estimates the program will cost about \$1 million over the next two years, one-tenth of the original projection.

But because no fiscal note was passed with the bill, the \$1 million will have to come out of the state's existing – and already strapped – AIDS services budget. "We're going to have to do some belt tightening," Schafer said. "We'll try to keep the costs spread out across all programs, but there will have to be reductions in some services."

The new law also allows victims of sexual assault to seek a court order for the alleged perpetrator to be tested for HIV. The legislation was sponsored by Sen. John Daley (D-Chicago) and Rep. Pamela Munizzi (D-Chicago), and supported by ISMS, the Illinois State Dental Society and the Illinois Nurses Association in lieu of much harsher legislation that was being considered.

Edgar also announced the formation of a task force of medical personnel and members of the general public to undertake ongoing study of HIV transmission in health care settings. The membership of the committee will be announced in the next few weeks. ▲

HCFA (continued from page 2)

gram would succeed when its preadmission program for pacemaker implantation never did. And now, she said, HCFA has found the prior authorization program is "an ineffective and very costly way" to screen procedures. Dr. Orlowski is also chairman of the Chicago Medical Society's PRO subcommittee.

"Like all things from HCFA, we complied to make sure our patients' benefits were taken care of," she said. "But this program amounted to a lot of work for nothing. There was no fruitful outcome."

HCFA did leave an opening for PROs to continue prior authorization activities if they could demonstrate a good reason, Kaufman said.

"But the question becomes, 'How much energy and resources does a PRO want to put into something that doesn't seem to have a strong interest from the HCFA side?'" he said.

Kaufman said "it is fair to say" that Crescent Counties performed its own research documenting reductions in some procedure totals. But without HCFA reimbursement, the PRO "does not intend to continue [prior authorization] at this time," he said. "That's not to say we might look into the possibility down the line for some procedures, but it's not a priority at this point."

Dr. Orlowski said she is curious to see if any PRO decides to make a case for retaining preadmission authorization. But because HCFA has withdrawn support of the program, she believes it is "a dead duck." ▲

Why does JACKSON & COKER recruit more physicians each year than any other company?

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
& COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

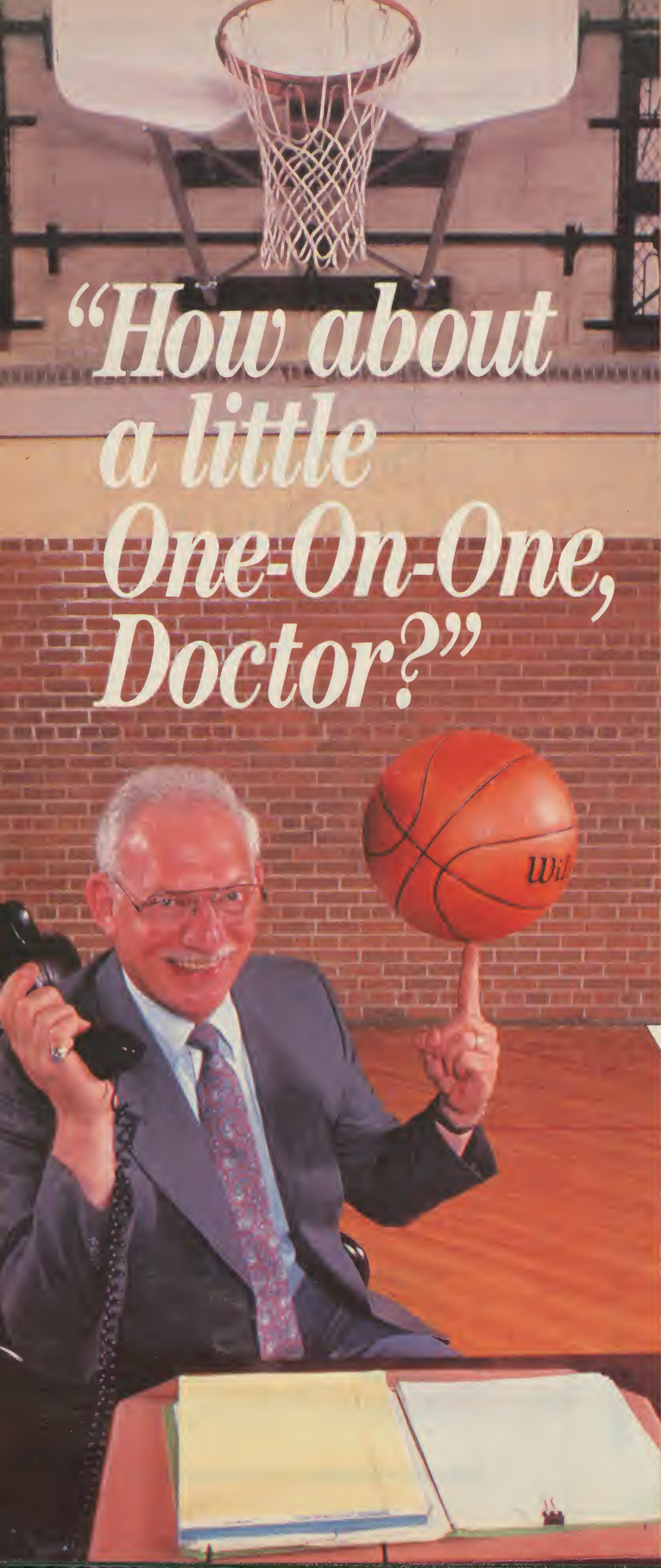
PEDIATRICS

Marshfield Clinic, a 400 physician multispecialty group practice, is seeking BE/BC pediatricians to join expanding regional centers in Chippewa Falls and Rice Lake, Wisconsin. These are beautiful, wooded Wisconsin areas with an abundance of lakes, rivers and streams. Both communities offer a thriving economic environment, clean air, low crime, excellent schools and exceptional four season recreation. Chippewa Falls is a community of 22,000 with 8-10,000 permanent residents living around adjacent Lake Wissota. It borders Eau Claire, Wisconsin, a city of nearly 80,000 which includes a major campus of the University of Wisconsin. Rice Lake is a lakeside community of 8,500 people. In addition to excellent primary and secondary schools, both public and parochial, educational opportunities include a U.W. Center and V.T.A.E. campus. Both opportunities have beautiful new Clinic Buildings situated adjacent to comparably modern and progressive hospitals. In addition to their many local resources, the nearby proximity of major metropolitan areas (ie: 1 1/2 hours from Minneapolis/St. Paul) provides a catalog of readily accessible cultural activities, shopping, fine dining and professional spectator sports. Each opportunity has its own special qualities with more attractive features relative to individual needs and preferences. Emphasis on life-style and quality practice is combined with a guaranteed salary and outstanding fringe benefit package. If this combination of professional excellence and life-style made possible through the backup resources of a leading medical center in conjunction with the uncommon, varied beauty of Wisconsin's land and lakes sounds interesting to you, please send C.V. and references to:

David L. Draves
Director Regional Development
1000 North Oak Avenue
Marshfield, Wisconsin, 54449
or call 1-800-826-2345, extension 5376



Marshfield Clinic



“How about a little One-On-One, Doctor?”

Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,000 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go “one-on-one” with the president of any other insurance carrier. Then call Henry.

P.S.—We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

ISMS "Partners for Health" program

☐ I want to speak to senior citizens about the importance of good communication with physicians and other health care issues. Please contact me about speaking engagements in my area, depending on my schedule.

ISMS will provide information about the "Partners for Health" program, seniors and speaking tips before the presentation.



Please print
Name _____ County _____
Address _____
City _____ State _____ Zip _____
Phone () _____ or () _____
Specialty _____

For further information, call the Illinois State Medical Society at (312) 782-1654 or 1-800-782-ISMS, or write the ISMS at Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602.



No postage
necessary
if mailed
in the
United States



Business Reply Mail

First Class Permit No. 48120 Chicago, IL 60602

POSTAGE WILL BE PAID BY ADDRESSEE

**Illinois State Medical Society
Public Relations Department
Twenty North Michigan Avenue
Suite 700
Chicago, IL 60602**



'Partners for Health' program helps seniors

by Rachel Brown

"WHAT IS A living will, and why should I sign one?"

"Why don't all doctors accept Medicare assignment?"

"What kinds of medications should I be taking and what are their side effects?"

Answering these questions and showing older adults that physicians truly care about senior health care concerns prompted the Illinois State Medical Society to initiate an outreach campaign for Illinois seniors.

The "Partners for Health" program matches volunteer physician speakers with senior clubs, groups and community organizations to share the physician's expertise on various senior health problems and encourage patient-physician communication.

"Programs such as 'Partners for Health' are necessary in addressing concerns of our aging population, especially at a time when statistics show the average American has more living parents than children," said ISMS President Robert M. Reardon, M.D.

Dr. Reardon stressed that physician speaker participation is the key to a successful program.

As the first year of the program winds down, more than 150 physicians throughout the state have already taken the message to more than 9,000 seniors statewide.

Physician speaker David Palmer, M.D., an ophthalmologist from Chicago, has participated in several speaking presentations. "Over half my practice is the Medicare population, and the ['Partners for Health' program] acts as an avenue to try to educate the public about eye care, general health care and ISMS," said Dr. Palmer.

"I wanted to help the Society get the message across that there is someone who can help and who will listen to their problems," added Aurora internist Wayne Leimbach, M.D., another program speaker.

In addition to offering the ever-growing senior population a valuable service, Yihnan Chiou, M.D., a physician speaker from downstate Franklin County, said the program helps physicians learn about themselves.

"This program is beautiful because it gives physicians an opportunity to speak in public and encourages them to be good speakers," said Dr. Chiou.

The "Partners for Health" campaign was developed in response to a 1989 ISMS House of Delegates resolution directing the Society to promote better physician-senior citizen communication. ISMS conducted four statewide focus groups with seniors to discuss their health care and health concerns, and held several training sessions to help physicians better understand these concerns.

ISMS provides physician speakers with a training packet that includes background information on the program, helpful hints on how to address senior groups and a sample speech.

In addition, ISMS supplies the senior groups with the "Healthy Partnership Kit," an information packet containing various pamphlets about

Medicare, how to organize medical bills and keep track of medications, and tips on how to effectively communicate with one's physician.

Seniors also receive "A Personal Decision," a new brochure containing living will, durable power of attorney for health care and organ donation instruments. The brochure was developed in response to increased public concern over how individuals can determine their own medical care in the event of serious injury or illness.

The ISMS Auxiliary currently is

taking the senior outreach campaign a step further by encouraging the participation of county auxiliaries and medical societies in planning half- or full-day senior health fairs. These fairs bring together groups of seniors and physicians to interact.

Dr. Reardon said promoting the "Partners for Health" campaign through Illinois media has been an important part of the program's success. Last year, ISMS aired public service announcements featuring Illinois celebrities that encouraged seniors to work together as

partners in health.

In addition, on Nov. 30, the ISMS Auxiliary will staff a "Partners for Health" information booth at a Chicago senior health fair sponsored by WJJD, a local radio station targeted to seniors. During October and November, WJJD will air 15 ISMS-produced commercials promoting the "Partners" program and other issues affecting seniors. ▲

Editors note: Physicians who would like to participate in the "Partners for Health" program should return the card included in this issue of Illinois Medicine, or contact the ISMS public relations department.

"Can They Take Care of Everything?"



DMH has our area's only comprehensive cancer program — everything from research, education and screening for early detection to treatment and support.

When one of your patients requires cancer treatment, you can feel confident they'll receive the best care at Decatur

Memorial Hospital's Cancer Care Institute. Our comprehensive program applies a multi-disciplinary approach.

It includes diagnostic capability, advanced technology and nationally affiliated research. You can rely on more than 20 years of expertise.

Call the DMH Cancer Care Institute. Because now is not the time to take chances.

Call: 217-877-8144 ext. 2380

Monday - Friday, 8 a.m. - 5 p.m.

Because now is not the time to take chances.

dmh CANCER CARE
INSTITUTESM

Serving the region for more than 20 years.

a service of
Decatur Memorial Hospital
2300 North Edward Street
Decatur, Illinois 62526

Young internist award

(continued from page 8)

tient care. The main thing facing physicians in the '90s is improving our lot with the general public and trying to show them what we're really about. And that is excellent patient care."

Aside from his stethoscope, Dr. Casey says the most important aspect of his practice is interaction with his patients.

"Primary care internal medicine is a broad field that permits a very close ongoing personal relationship with a patient," he says. "That's the part I find most rewarding. I found that in the 10 or so years I've been in practice, the patients I've had ongoing relationships with have become my friends. They're really interested

in me and we usually spend time just chatting when they come into the office. That's the essence of it.

"I also like the potential for intense evaluation and treatment of a very sick patient," he adds. "I think that that's a great challenge as well. It's a Sherlock Holmes type of approach to treating someone, by trying to get down to the nitty gritty of what goes on. You really develop a sixth sense for feeling people out about what's wrong with them."

Dr. Casey has participated in 10K runs to raise money for the Chicago Lung Association. He has also participated in triathlons and competes in squash at the national level.

"The first thing I do is try to set an example," he says, explaining his routine of daily aerobic exercise. "I'm committed to daily physical activity

for a number of reasons. I think it's good for patients to come in and see someone who's physically fit and looks healthy.

"I try to hold myself out as an example to my profession. I encourage all physicians to get into regular daily exercise programs, because as busy as we are, we need quality time for ourselves."

The award and beyond

Dr. Casey says he plans to continue to participate in all levels of organized medicine. "We all tend to be busy in our practices and think we exist in a vacuum, but I think it's good to get out and realize there are a lot of people with a lot of different ideas," he says. "Once you realize that, you see that it's much harder to project your own feelings about what

is right for medicine onto the entire group of doctors. You have to realize that we have to arrive at things by consensus in a democratic process and not by any other method.

"I have to admit that I have been much more involved in organized medicine than most anyone that I know in my group," he says. "In terms of being involved in areas and organizations, I think I'm definitely in a very small minority of internists. I just have an interest in and a desire to help my colleagues. I really want to help them improve their lot among practicing physicians.

"I feel very grateful for all the friends that I've made through my involvement with organized medicine," he says about receiving the award. "This is an expression of love. I really feel good about it." ▲

Eastern Ohio Family Practice

BC/BE to join two young, energetic family practitioners. Call coverage and partnership arrangements. Net income guarantee, plus relocation assistance and funding normal business office expenses. Contact Bob Haley at (800) 486-3020 or send CV to:

Lowderman and Haney, Inc.,
3939 Roswell Road, NE,
Suite 100,
Marietta, GA 30062

Eastern Ohio Pediatrician

BC/BE pediatrician to join existing pediatrician. Unlimited growth potential. Net income guarantee, plus relocation assistance and funding normal office expenses. Hospital is completing a new \$5MM LDRP unit. Contact Bob Haley at (800) 486-3020 or send CV to:

Lowderman and Haney, Inc.,
3939 Roswell Road, NE,
Suite 100,
Marietta, GA 30062

PHYSICIAN

STATE MEDICAL DIRECTOR

Prison Health Services, Inc., a national health care management organization, has challenging opportunities available for self-motivated physicians to join our management team as Medical Director for contracts with the Illinois Department of Corrections. Positions are available at Pontiac Correctional Center, Pontiac, IL and Western Illinois Correctional Center, Mt. Sterling, IL. Major responsibilities of the position include clinical direction and peer review of staff physician and specialists, development of clinical protocols and policy and procedure, direction of a quality assurance program and utilization review.

We provide an excellent compensation plan including salary which is negotiable and commensurate with experience, as well as a fringe benefit package which includes paid malpractice insurance, health and life insurance, paid leave and education leave, retirement plan and relocation expenses.

Interested candidates must be licensed in the state of Illinois to practice medicine. For confidential consideration, please contact **James Tinney, Group Vice President, Monday-Friday, 9AM - 5PM EST at (703) 818-1071** or send a resume and salary requirements to **PRISON HEALTH SERVICES, INC., c/o ASG Management, 4375 Fair Lakes Ct., Suite 2010, Fairfax, VA 22033. EOE, M/F.**



PRISON
HEALTH
SERVICES
INCORPORATED

Concerned about CLIA'88?

If you need help in preparing your laboratory for these federal regulations, contact us.

Our team of consultants is headed by Erlo Roth, MD, MBA, a pathologist with vast experience in managing office laboratories and preparing them for licensure.

Other lab management services available:

- Space planning
- Billing
- Cost minimization
- Instrumentation
- Computerization
- Waste management

Hinsdale Pathology Associates

120 Ogden Ave.
Hinsdale, IL 60521
(708) 986-0979

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony’s Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and “call.” Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO-certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicago and suburbs. Call 708/541-9332 or send CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

BC/BE radiologist immediately needed to join two others in practice in Centralia. Peaceful community of 17,000, one hour east of St. Louis. 60,000 procedures/year all modalities in progressive 286-bed hospital. Excellent remuneration, partnership one year and no buy-in. Contact Richard Rudman, M.D., 13 Orchard Drive East, Centralia, IL 62801; 618/532-6731 office, 618/533-2066 home.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John’s Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Academic echocardiographer. Non-invasive/echocardiographic research position available at Veterans Administration Lakeside Medical Center and Northwestern Memorial Hospital in the Cardiology Section. Research involves 3D reconstruction, stress echo, and intravascular ultrasound. Veterans Administration Lakeside Medical Center/Northwestern University are affirmative action/equal opportunity employers. The Section of Cardiology encourages applications from qualified women and minority candidates. Send curriculum vitae to: Carl Tommaso, M.D., chief of cardiology, VALMC, Northwestern University Medical School, 250 E. Superior — Wesley 524, Chicago, IL 60611.

Chicago – EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Picturesque north shore of Lake Superior. Seeking family practice or internal medicine physician. Fulfilling small clinic practice. No start-up costs. Scenic beauty, various outdoor activities, with time to enjoy it! Write Jon Ward or Kathy Haselow, Silver Bay, MN 55614, or call collect 218/226-4431.

Physician practice opportunities—southern Illinois. Correctional Medical Systems, the national leader in contract health services to state and local correctional centers, currently seeks a medical director for the Centralia Correctional Center. This outstanding opportunity combines hands-on medicine with administrative responsibilities. CMS also seeks a part-time physician for the Graham Correctional Center in Hillsboro. Coverage needed Fridays and alternating Saturdays. Compensation is excellent. Low-cost occurrence-based malpractice insurance is available. For confidential consideration or more information, please contact: John Bogdan, physician recruiter, Correctional Medical Systems, P.O. Box 27352, 999 Executive Parkway, St. Louis, MO 63141; 1-800-325-4809, ext. 3107.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

BE/BC radiologist – partnership available in hospital practice at St. Mary’s Hospital, Streator, which is a 240 licensed bed hospital with a service area of 35,000. Streator is located 100 miles southwest of Chicago. For further information contact Robert Gubbels, St. Mary’s Hospital, 111 E. Spring, Streator, IL 61364; 1-800-325-7699.

Northern/central Illinois, Chicago, nationwide. FP, internists with or without subspecialties, Ob/Gyn, ORS. CV to: Bill Bostedo, PHC, 600 S. 13th, Suite G, Pekin, IL 61554; 1-800-234-9449.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax your CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Obstetrics/gynecology, Brainerd, Minn. Join two Ob/Gyns in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Internal medicine, Brainerd, Minn. Join seven internists in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Dermatology, Brainerd, Minn. Join 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Otolaryngology, Brainerd, Minn. Join 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Pediatrics, Brainerd, Minn. Join pediatrician in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Chicago-area hospital seeks an Illinois-licensed, ACLS-certified physician to provide evening and weekend house coverage. Excellent salary and benefits. Interested applicants send CV to: P.O. Box 1088, Oak Park, IL 60304-1088.

Family practice—nine-member multispecialty group 35 miles southwest of downtown Chicago seeks FP to join growing practice in satellite location. Guaranteed salary with incentive. Opportunity for partnership, many fringes, plus profit sharing. Excellent grade and high schools. Call or write Frank Schibli, administrator, Hedges Clinic, 222 Colorado Avenue, Frankfort, IL 60423; 815/469-2123.

Ob/Gyn—nine-member multispecialty group 35 miles southwest of downtown Chicago seeks Ob/Gyn to join our female Ob/Gyn in growing practice. Guaranteed salary with incentive. Opportunity for partnership, many fringes plus profit sharing. Excellent grade and high schools. Call or write Frank Schibli, administrator, Hedges Clinic, 222 Colorado Avenue, Frankfort, IL 60423; 815/469-2123.

Chicago—near north suburbs: Busy Ob/Gyn seeks BC/BE associate leading to partnership. Competitive salary and benefits. Send CV to North Shore Ob/Gyn, 1160 Park Avenue West, Highland Park, IL 60035, or FAX 708/835-2898.

Northern Illinois University: Twelve-month, full-time position for general medical care of university students at an ambulatory health facility beginning Jan. 1, 1992. Primary care specialty training and certification preferred. Qualified applicants must have or be eligible for Illinois licensure. Liability covered. Hours 8 to 4:30 weekdays with limited call, one day/week. Send letter of interest and curriculum vitae to Rosemary B. Lane, M.D., M.P.H., director, University Health Service, Northern Illinois University, DeKalb, IL 60115; 815/753-1311. Applications considered until position filled. Preference given to applications received prior to Nov. 1, 1991. Northern Illinois University is an equal opportunity/affirmative action employer.

Family physicians—Join a friendly six-person group in a scenic small town not far from a first-class hospital. Enjoy the amenities of nearby Milwaukee, Chicago, Lake Geneva, and Madison with four out of five weekends off. You are free to concentrate on patient care in this prospering, well-managed practice. OB is optional. Please call Amy Palmer, Waukesha Memorial Hospital, 1-800-326-2011.

Situations Wanted

Physician experienced in occupational and family practice seeking a full-time position in Chicago. Reply to Box 2201, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Lake Point Tower. Prime tiers combined into spacious 2,200-square-foot home with spectacular high floor, city skyline/north lakeshore view that goes on forever. Split bedrooms, 26-foot master suite, 37-foot living room. Neutral decor. Move right in! Every amenity imaginable plus 2¼-acre private park. Must sell. Sherri Schmidt, 312/33REMAX.

Well-equipped laboratory in professional building in Midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Stunning 1,820-square-foot penthouse with 46-foot deck. Tons of marble, white oak, elevated dining room and den. Two indoor heated parking spaces. \$339,000. Wrigleyville home, on oversize lot, three bedroom, two bath, garage, rustic yard and deck, parking for four cars. \$297,500. DePaul townhouse, Dayton Street. Three bedroom, 2½-bath front unit, master bedroom suite, two wbf, patio, security. \$299,500. Re/Max Exclusive Properties, Chuck Stuparits, 312/33REMAX.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

For sale, family practice. Active practice which nets \$150,000 per year with great potential for further growth. Located in prosperous, lakeside Illinois community. No public aid or HMO affiliations. Very low asking price. Reply to Box 2200, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Exclusive 30-acre site – 720 feet of Lake Michigan non-eroding beach frontage approximately 1,800 feet deep. Ideal for your estate, medical retreat, or an association of owners. Set up and approved to accommodate a minimum of eight estate-sized sites, if interested in subdividing. Can have a private gated entry. 2½ hours from Chicago (three minutes from I-196/U.S. 31 expressway) at South Haven, Mich. \$2,500,000. For information call 219/291-9717 or write Joe Hickey, 1313 Erskine Manor Hill, South Bend, IN 46614. This is a first-time offering.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we’re in our other office. Can be flexible with schedule. 708/963-0601.

Illinois medical practices for sale! No fees to buyers. For details on practices currently available, or to receive information on future opportunities, call 708/441-6111.

Two suites available (700 and 540 square feet), Elmhurst. Prominent near-hospital medical building perfect subspecialty location with established MD and DDS practitioners. Will decorate or renovate to your needs. Call 708/834-4155.

Physician wishes to purchase medical practice, any size, internal medicine or general practice. 312/764-7288 or 312/582-5959.

Bucktown 2240 N. Hamilton (2130W) three-bedroom, 2.5-bath, new construction, two-car attached garage, basement, deck, eat-in kitchen with patio, wbf, hwfl. Roberta L. Stevens, Rascon Realty, 312/943-9591.

Quintessential student’s condominium! Nine large windows overlooking Lincoln Park and Streeterville skyline. Penthouse vintage renovation. 800-plus feet, oak everywhere! 2330 lpw. \$117,000. Mary Louise 312/33-REMAX.

Established family practice and office building for sale. Central Illinois urban location with excellent patient profile. Gross income \$250,000 with no OB or major surgery. Good coverage available. Hospital four blocks. Well-kept brick-and-frame building, 3,100-square-feet, one story plus basement and two-car garage. Attractively landscaped on 80-by-150-foot lot with parking. Asking \$192,000, including modern medical office equipment. Clear title. Financing available. Will retire when introduction is accomplished. Must be FP board certified. Reply to Box 2202, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Miscellaneous

Professional Resume Services. Successfully serving physicians since 1976. Effective! Confidential. We provide curriculum vitae preparation, cover letter development and career planning. All specialties. Immediate service available. Call 1-800-786-3037 (24 hours). Alan D. Kirscher, M.A.

Bogged down with dictation? 24-hour phone in central dictation system or your own cassettes. Will transcribe all your progress notes, office correspondence and referral letters. Manuscript preparation. Word processing. HSS, Inc., specialists in medical transcription. 708/296-0034. Toll-free dictation.

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns “adjustments” into “income.” Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

WHEN IT COMES TO LIABILITY INSURANCE, TALK TO PEOPLE WHO LISTEN CAREFULLY.

No one listens more carefully than your peers, especially when it comes to addressing your professional liability needs. And no one understands better the uncertainties that face a new physician just beginning practice.

This is one of the main reasons more new physicians turn to the Exchange for their liability insurance. The Exchange is the state's first and most experienced physician-owned insurer.

Thanks to the Exchange, new physicians enjoy a confidence that was not possible in the mid-seventies, when major insurers abandoned the insurance marketplace. The Exchange was created by physicians to ensure that their future colleagues would never have to face such a crisis again.

The Exchange helps new physicians get a head start by offering substantial discounts for the first three years.

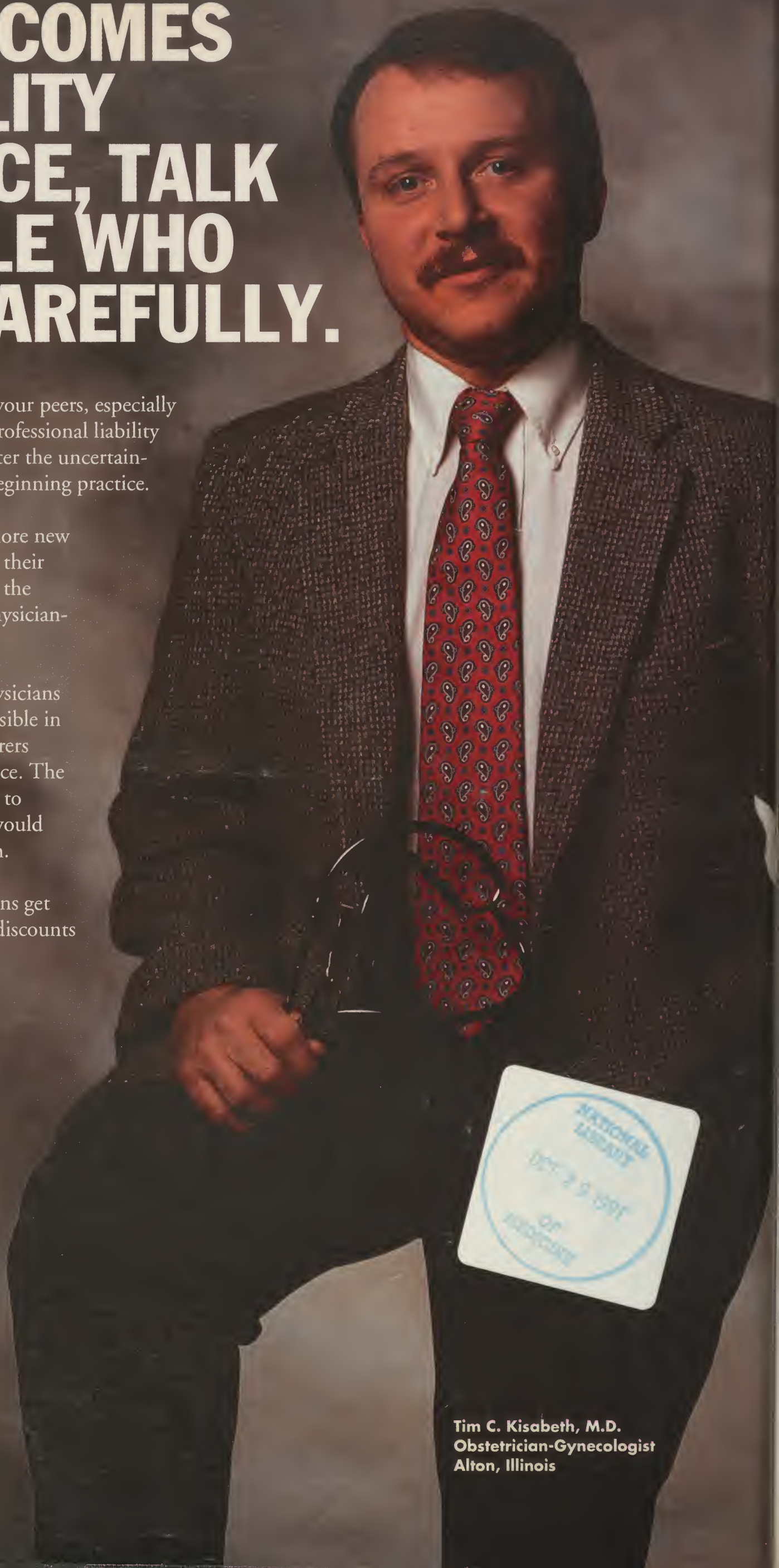
Committed to the vitality of our profession – when it comes to the needs of the new physician – you'll find the Exchange is all ears.

ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical
Inter-Insurance Exchange
Twenty North Michigan Avenue
Suite 700
Chicago, Illinois 60602
Telephone: 312.782.2749
Toll Free: 800.782.ISMS

Tim C. Kisabeth, M.D.
Obstetrician-Gynecologist
Alton, Illinois



Illinois Medicine

Exchange seminar looks at litigation stress... 6

NATIONAL LIBRARY
NOV 15 1991
OF MEDICINE

November 8, 1991

ILLINOIS STATE MEDICAL SOCIETY



Former Illinois Gov. James R. Thompson (third from left) led a delegation of ISMS physician leaders and staff to Washington, D.C., last month to launch the Society's new Washington presence program.

David Hathcox

ISMS launches D.C. effort

ILLINOIS PHYSICIANS launched a high-visibility effort to exchange information and serve as a resource to federal policymakers on health care issues. Illinois State Medical Society leaders met with key congressional and administration officials in Washington last week to kick off the program. The visit was the start of the Society's Washington presence program, a long-

term campaign to bring an Illinois medical perspective to the wide array of health challenges facing lawmakers. Four ISMS physician leaders, accompanied by ISMS Chief Executive Officer Alexander R. Lerner and selected staff, traveled to Washington, D.C., Oct. 23 and 24. Former Illinois Gov. James R. Thompson - an ISMS consultant on the pro-

ject - participated in the intense two-day agenda featuring meetings with eight members of Congress and White House policymakers. "We heard, firsthand, that lawmakers' health care concerns will continue to grow and dominate the public agenda," summarized ISMS Chairman George T. Wilkins Jr., M.D., of Edwardsville. "The challenges are enormous" (continued on page 17)

Council terminates IHA data agreement

by Kevin O'Brien

THE ILLINOIS HEALTH Care Cost Containment Council Oct. 22 gave the Illinois Hospital Association 60 days' notice that it will terminate an agreement permitting physician-specific IHCCCC-collected data to be shared directly with IHA. Prompting the Council actions were allegations that IHA has inappropriately released IHCCCC-collected

confidential data about physicians and hospital admitting practices through its COMPdata information system. Although during the 60-day period representatives of IHCCCC and IHA will hold discussions on a possible new agreement, the Council did not mandate that a new agreement had to be negotiated. "We are not necessarily agreeing to a divorce," said IHCCCC Chairman Johanna R. Lund, regarding the upcoming talks with IHA. "Rather, we're going into counseling." But a light-hearted suggestion that the Council might wish to recruit U.S. Secretary of State James Baker to mediate the talks signified how seriously several Council members regard the issue. The Council will consider developing a hospital-oriented data set that IHCCCC itself could make available to hospitals on an information system similar to that offered by IHA. "We are pleased to learn that the IHCCCC will be making a thorough review of this situation," said Illi-

(continued on page 17)

Upjohn hit with record judgment

by Tamara Strom

A CHICAGO malpractice liability case ended last month in a \$127.7 million judgment, a state record for the highest punitive damages awarded to a plaintiff. The jury rendered the judgment solely against Upjohn Co., the manufacturer of Depo-Medrol, a corticosteroid drug. The physician defendant in the suit was acquitted. The drug was mistakenly injected into the left eye of Meyer Proctor, 70, of Oak Park, during treatment of chronic eye inflammation in 1983. Proctor subsequently lost sight

(continued on page 15)

In this issue

- FTC modifies ad order against the AMA.....2
- News Briefs.....2
- Public health report....3
- Psychotropic drug rule vague, but universal....6
- Exchange Q & A.....7
- Members in the News.....9
- ISMS urges motorcycle helmet legislation10
- Educators call for changes in American medical schools12

Blue Cross first insurer to fund cancer studies

by Anna Brown

LAUNCHING AN unprecedented collaboration with medical research, Blue Cross and Blue Shield of Illinois announced Oct. 24 it will fund clinical trials for an experimental breast cancer treatment. As part of the nationwide study, women in the early stages of high-risk breast cancer will receive autologous bone marrow transplants and high-dose chemotherapy treatment. The Blues' participation marks the first time a private insurer is directly funding experimental medical procedures or treatments. The study will compare standard and experimental treatments to determine which provides the highest remis-

sion and survival rates.

Blue Cross Medical Director Arnold Widen, M.D., said the company would fund the clinical care costs of Blue Cross members selected to participate in the study. Northwestern Memorial Hospital and the University of Chicago Hospitals will conduct the trials in Illinois, where the first patient in the study is being treated. "We have never before funded an investigational procedure," said Dr. Widen. "What's very exciting to us is that we are establishing a new way of interacting with these two academic medical centers so that we can look at mental applications in a scientific way."

***** 3 DIGIT SCF 208 *****
NATIONAL LIB OF MEDICINE
1028 IM
15 INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

AIDS measures pass without criminal penalties

Congress passed compromise federal AIDS legislation in October, deleting the stiff criminal penalties proposed by Sen. Jesse Helms (R-N.C.). The measures now await President Bush's signature.

In conference committee, language calling for 10-year jail terms and fines for HIV-infected health care workers who perform invasive procedures without first informing their patients of their serostatus was removed.

The conferees also agreed on language requiring state public health officials to prove to the U.S. Department of Health and Human Services that guidelines are in place to prevent HIV and hepatitis B transmission during invasive procedures. The Illinois General Assembly passed legislation earlier this year that appears to comply with this new federal requirement.

Failure by states to implement HIV guidelines to prevent possible transmission in health care settings within a year will result in the loss of federal funding for public health programs. Extensions of the one-year time limit may be granted at the discretion of HHS Secretary Louis W. Sullivan,

M.D., according to the conference agreement.

The lawmakers also deleted a Helms amendment mandating that states enact mandatory HIV testing of patients undergoing invasive procedures without their prior consent. In lobbying against the amendment, the American Medical Association claimed the law would not allow for patient informed consent and ignored "other important safeguards for both patient and physician."

Meanwhile, HHS' Agency for Health Care Policy and Research released statistics in October projecting the cost of treating HIV will top \$10 billion by 1994. About \$5.8 billion will be spent this year to treat HIV-infected individuals.

This is the first study to determine a figure for treating all people infected with HIV, HHS said. The estimate covers people with AIDS and those who are HIV-infected, but do not yet exhibit symptoms of AIDS or AIDS-related complex.

Of the total \$10.4 billion estimated, about two-thirds will go toward treating people already diagnosed with AIDS. HHS estimates it costs about \$32,000 a year to treat an AIDS patient and \$5,150 to treat a person with HIV. ▲

—Compiled by Tamara Strom

Corrections and Clarifications

The story in the Oct. 11 issue about the Exchange seminar, "Malpractice Dilemma: Focus on Cancer Detection and Diagnosis," inadvertently omitted the name of one of the speakers. Arnold Wagner Jr., M.D., associate clinical professor of obstetrics and gynecology at Northwestern University Medical School, spoke on cervical cancer detection and treatment at the Fairview Heights seminar on Oct. 3. *Illinois Medicine* regrets the omission. ▲

Physician Facts

The 10 largest multi-state network PPO corporations, by enrollment

	Number of PPOs	Number of states	Number of employees covered
Blue Cross/Blue Shield Chicago, Ill.	56	40	4,966,731
Occupational-Urgent Care Health Systems Sacramento, Calif.	1	7	3,800,000
USA Healthnet Phoenix, Ariz.	35	35	3,041,787
Healthcare Compare Sacramento, Calif.	1	12	2,400,000
Pacific Health Alliance San Mateo, Calif.	1	4	1,200,000
Private Healthcare Systems Lexington, Mass.	9	24	977,000
Metropolitan Life Insurance Co. Westport, Conn.	111	20	855,902
Preferred Care Network Inc. Lincolnwood, Ill.	4	4	645,320
Travelers Insurance Hartford, Conn.	59	33	603,402
Aetna Hartford, Conn.	105	50	565,218
Total	382	—	19,055,360

Sources: SMG Marketing Group Inc., 1991; American Association of Preferred Provider Organizations, 1991. Statistics obtained from *Medical Benefits*, Sept. 15, 1991, page 10.



UI Hospital draws the line on smoking

Wade Jones, director of respiratory care at the University of Illinois Hospital in Chicago, paints a one-foot-wide white line around the hospital Oct. 2, indicating its first 24 hours of being smoke-free.

All the hospital's clinics and administrative buildings are now smoke-free. ▲

photo: Wm. Daniels/The Photo Partners

FTC modifies advertising order against the AMA

by Anna Brown

THE FEDERAL TRADE Commission Oct. 11 accepted the American Medical Association's proposed changes to a 1982 order barring the AMA from restricting physician advertising. The provision the AMA questioned required it to obtain resolutions of compliance with the order from component medical societies. The action follows almost 10 years of litigation that culminated in the Supreme Court's ruling in favor of the FTC.

After the order was entered in 1982, the AMA appealed that portion mandating that the AMA disaffiliate any component society refusing to adopt a resolution of compliance. That unsuccessful appeal, ultimately overturned by the U.S. Supreme Court, left the AMA open to penalties or further litigation from the FTC.

"We were behind the eight ball on this," said Edward B. Hirshfeld, AMA associate general counsel for health law. Had the FTC not agreed to reopen and modify the order, the AMA could have been found to be in violation of the order since its inception, he said.

In its motion to amend the order, the AMA cited current advertising trends, arguing that physician advertising has become commonplace, and medical societies have generally ceased restricting truthful advertising and lawful contract practice.

The FTC's opinion on the proposed modification of the order stated, "As a general rule, the commission will not reopen an order when it has reason to believe that a respondent is in violation of the provision it seeks to modify." However, the FTC said it reopened the order because doing so was in the public interest and the AMA's proposed modification furthered the purpose of the order.

Under the modification, the FTC allows the AMA to offer state medical societies and the 250 largest county medical societies two options for complying with the order. Societies may now pass a resolution as required by the original order, or allow AMA attorneys to review society codes of ethics, disciplinary proceedings and other materials pertaining to compliance.

"Everyone we've talked to wants to comply," said Hirshfeld, citing AMA contacts with component societies. He said a poll showed that most component societies would submit to the review process. Societies can expect a review of codes of ethics, records of grievances, disciplinary proceedings, and statements and resolutions adopted on managed care entities. Societies will also be reviewed to determine substantial compliance with antitrust laws, he said.

Under the modified order, at least 40 percent of the AMA's member organizations must choose the option of submitting to a policy review. The AMA must submit codes of ethics from its member organizations, and report any unlawful restrictions on physician advertising or contract practices.

Currently the AMA is negotiating comprehensive advertising guidelines with the FTC, said Hirshfeld, but he could not indicate when they would be ready. "We've almost finished at the staff level," he said, "but it's open-ended because we have to wait for the FTC."

The AMA policy barring advertising dated back to the 19th century, when medicine was prone to hucksterism, Hirshfeld said. During that period physicians practicing allopathic medicine could be identified because they did not advertise. The AMA maintained the policy into the 1970s, when the FTC first found it to be a restriction of trade. ▲

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

PUBLIC HEALTH

REPORT

by Kevin O'Brien

IDPH takes over AIDS drug reimbursement program

On Oct. 1, the Illinois Department of Public Health assumed administration of the state's AIDS Drug Reimbursement Program, which provides life-prolonging drugs to eligible people with AIDS and HIV infection. The program had been overseen by the Illinois Department of Public Aid since its inception in August 1987.

In addition to Illinois' share of nearly \$1 million in federal funds earmarked for the program, IDPH will provide about \$500,000 in state general revenue funding to meet the program's anticipated demand for reimbursements.

To qualify, a person must be diagnosed with AIDS or HIV infection and have a net monthly income at or below 200 percent of the federal poverty level. The maximum income levels are \$1,269 per month for one person, or \$1,702 per month for a household of two.

People receiving reimbursements must not be eligible for 100 percent coverage for drugs through other insurance or government subsidy programs, and must not be eligible for medical assistance through Medicaid on the date the drugs are obtained.

Reimbursements are provided for aerosolized pentamidine, trimethoprim/sulfamethoxazole, alpha interferon and zidovudine (AZT).

Home Pharmacy of Chicago distributes the drugs through a statewide mail delivery service. Physicians with patients who qualify for the drug reimbursement program can contact the IDPH AIDS Activity Section, 525 W. Jefferson, Springfield, Ill. 62761 for more information, or call (217) 524-5983.

Physicians urged to take advantage of free flu vaccine

With this year's flu season fast approaching, IDPH has renewed its call for qualified residents in 34 Illinois counties to receive free influenza vaccine as part of a national demonstration project.

The project provides free flu shots from participating physicians, local health departments, nursing homes and hospitals to patients who have Medicare Part B coverage. Non-participating physicians with qualified patients who practice in the counties in the project are urged to contact IDPH as soon as possible. The project is funded by a grant from the U.S. Health Care Financing Administration and U.S. Centers for Disease Control.

"For the demonstration to prove successful, it is essential that Medicare Part B beneficiaries take advantage of the opportunity to receive their flu vaccine," said IDPH Director John R. Lumpkin, M.D. The department recommends vaccination

for people 55 years and older and those with chronic illnesses.

The purpose of the project, funded by a \$334,679 grant for the 1991-92 flu season, is to determine the effectiveness of the flu vaccine in reducing the number of flu-related deaths and hospitalizations among older citizens. If the vaccine is found to be effective in preventing death and costly influenza-related hospitalizations, flu shots may become reimbursable under Medicare Part B. Between 10,000 and 40,000 people die each year in the United States from influenza-associated illness, and flu and pneumonia combined are the fourth leading cause of death among the elderly, according to IDPH.

In this, the second and final year of the study, 120,000 doses of influenza vaccine are available. Physicians pay nothing for the vaccine

and are reimbursed \$8 for each patient to whom they administer it.

As of mid-October, more than half of the 925 eligible Illinois physicians had enrolled in the program. To be eligible, physicians must be treating patients who are insured under Medicare Part B. They may not charge for an office visit when patients come in only for the vaccine, and they must agree to accept the \$8 assigned fee. Health departments also receive free vaccine and can submit reimbursement claims for \$4 per patient.

In Illinois, the flu season begins shortly after Thanksgiving and continues until early April, Dr. Lumpkin said. He urged patients who need the vaccine to obtain it by mid-November for full protection during the entire flu season. The vaccine being given this year will protect

against A/Taiwan, A/Beijing and B/Panama, the three strains of flu expected in the United States this winter.

The 34 participating Illinois counties, selected for the project because of their high percentage of older residents, are: Adams, Brown, Bureau, Calhoun, Cass, Christian, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Logan, Macoupin, Marshall, Mason, McDonough, Menard, Mercer, Montgomery, Morgan, Peoria, Pike, Putnam, Rock Island, Sangamon, Schuyler, Scott, Stark, Tazewell, Warren and Woodford.

To make arrangements to participate, physicians should call Karen McMahon, IDPH influenza program coordinator, at (217) 524-0842. ▲

Blue Cross[®] Blue Shield[®]

REPORT

FOR *Illinois Physicians*

NEW HCFA-1500 CLAIM FORM

Both Blue Shield and Medicare providers may now place orders for the new scannable HCFA-1500 claim form in advance of the April 1, 1992 deadline set by the Health Care Financing Administration (HCFA) for switching over to the new form. Blue Shield and Medicare providers may order both copies and negatives of the new form in advance by contacting HCFA at (202) 783-3238.

A six-month period, from October 1, 1991 to April 1, 1992, has been set by HCFA for parallel processing of the old and new forms. During this time, BCBSI will accept and process both the old and new HCFA-1500 claim forms. Providers will be required to submit the new HCFA-1500 claim form starting April 1, 1992.

The new form was designed by HCFA to include additional fields, while at the same time creating a scannable form. The new HCFA-1500 uses a blind-ink color #6983 from Sinclair & Valentine, which can be photocopied and microfiched.

Institutions other than the Government Printing Office (GPO) with the capability to print the HCFA-1500 will be allowed to do so. However, they must comply with the GPO color and format specs. Print questions may be directed to Mr. Howard Johnson at the HCFA at (202) 521-2404.

"Superbill" Elimination Update - A regulation prohibiting the use of "superbill" attachments is expected to be finalized in the near future. If the regulation is published as planned, a grace period will be given to providers currently submitting the superbill.

Ordering Information

Copies

Send your order with a check or money order to: US Government Printing Office, Superintendent of Documents, Washington, DC 20402. If charging to Mastercard, Visa, Choice, or SupDocs Deposit Account, call the SupDocs Order Desk at (202) 783-3238 between 8:00 am and 4:30 pm Eastern Time.

Negatives

Send your check or money order payable to "The Public Printer" and forward with your order to the Asst. Supt. of Dept. Acct. Rep. Div., US Govt Printing Office, Room C-830, Washington, DC 20401.

(11/8/91)

Editorial

Treat the public's fear of AIDS with facts

The transmission of AIDS in the health care setting is a much greater risk to doctors than it is to patients. AIDS is a public health problem – not a political problem, not a moral dilemma, not a question of lifestyles. It is a problem most recently driven by fear, not fact.

Fact: Only one health care worker in the United States – a dentist – has been connected with the transmission of the AIDS virus. There is no known transmission of AIDS from physician to patient.

Fact: High-risk behaviors, such as unprotected sex and sharing needles, are the biggest culprits in spreading the AIDS virus. The public should fear and avoid these behaviors, and should not fear health care workers. *Chicago Tribune* columnist Joan Beck said it best: "Individual behavior is responsible for most of the continuing spread of the AIDS virus." Education that results in behavior change is the most powerful prevention against the real risk of AIDS.

Fact: A Nokomis dentist died of AIDS this year. He and his patients became the focal point of legislative and public concern. Since that time, all 1,200 of his patients have been tested; none has been HIV positive.

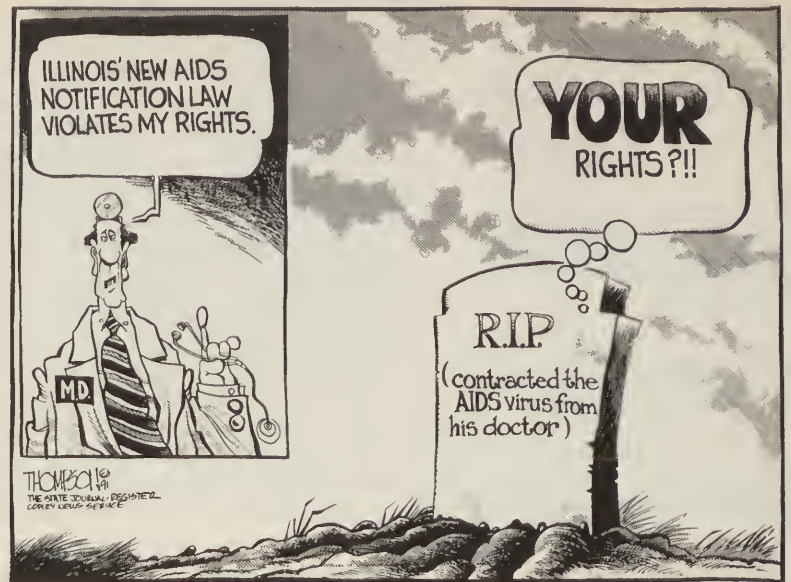
Fact: Physicians and other health care workers are rigorously trained in protecting patients from infection in the health care setting. Their training emphasizes taking "universal precautions," which include: hand washing; use of gloves, masks and other protective barriers to prevent blood exposure; care in the use and disposal of needles and other sharp instruments; and appropriate disinfection and sterilization of instruments and other reusable medical and dental equipment. Health care workers should, and do, err on the side of protecting patients, and themselves, from AIDS, as well as hepatitis B and other more virulent infections.

Fact: When the U.S. Centers for Disease Control asked the medical and dental communities for lists of exposure-prone procedures, those professional groups could not and would not do so, because neither the risk nor the term "exposure-prone" has any clinical basis. The New York state legislature recently endorsed the right of AIDS-infected physicians to practice whatever procedures they are qualified to practice, without notifying their patients of their serostatus. The CDC most recently recommended that patients in hospitals with a seroprevalence of 1 percent or more should be routinely offered AIDS testing and counseling.

Fact: Our legislators in Springfield and in Washington are being bombarded by their constituents to protect them from AIDS. The Illinois General Assembly considered passing a mandatory testing bill for health care workers. The U.S. Congress tried to go further and place criminal sanctions on AIDS-infected health care workers who perform invasive procedures without revealing their HIV status. Neither mandatory testing nor criminal sanctions passed, but in both arenas there was strong sentiment to pass something. The reality of democratic decision-making is this: When the pressure's on, you must do something.

Fact: The Illinois AIDS notification law, recently signed by Gov. Jim Edgar, is a strong reaction to remote odds, but it is more reasoned than mandatory testing, and does contain safeguards to protect the confidentiality of health care workers and patients. Make no mistake about it: Breaching confidentiality about a physician or patient who has AIDS could ruin the careers of both.

Science is not driving the AIDS issue. Fear of this dreadful, incurable disease is. The strongest weapon we have to fight unwarranted fear is education and caring. Belinda Mason, a National Commission on AIDS member, who died of AIDS, once wrote to President Bush: "Doctors don't give people AIDS; they care for people with AIDS." ▲



Michael Thompson/The State Journal-Register

President's Column

Homecoming

There are three things you can count on finding in your mailbox this time of year: Christmas shopping catalogs, notices about Homecoming and your annual dues statement from the medical society.

The Christmas catalogs usually come first – these days they seem to mail them out shortly after the Fourth of July. Notices about Homecoming follow shortly thereafter and are often connected with an urgent request for alumni donations to help build a) the new library, b) the new student center, or c) the new football stadium.

Perhaps we should think of the dues notice as a type of homecoming as well. It serves as an annual reminder of our shared professional background, our commitment to the future of medicine and our status as learned professionals.

In the Armed Forces they call it "re-upping," re-enlisting to continue your service. That's how I like to think of my annual decision to renew my membership in the Society – writing out that dues check is an expression of my renewed commitment to our goals, a renewed expression of my faith that what organized medicine in Illinois is doing is right and on track.

There's more on that dues bill than just county, state and AMA dues – there is an option to support IMPAC, our political action committee, as well. You shouldn't have to be reminded how important the upcoming elections are.

1992 could well be a turning point for organized medicine politically. The remap of the General Assembly may offer us opportunities to move on a cap on non-economic damages and other important health care initiatives.

But a new map alone won't do it – we need your support and enthusiastic commitment to IMPAC and its 1992 activities. The dues statement offers you a place to begin that commitment.

Your dues statement also allows your spouse an opportunity to join the Illinois State Medical Society Auxiliary. Gayle Dustman, the Auxiliary president, has pointed out in this space that only 2,400 physician spouses belong to the Auxiliary – while 18,000 physicians belong to



Robert M. Reardon, M.D.

the medical society. That means we have a terrific growth potential for this important group. Your spouse's Auxiliary membership, in the form of dues and support, helps improve the climate for medicine and public health in Illinois. The Auxiliary's support of our legislative goals, their innovative outreach programming, from mini-internships to senior health seminars, and their other efforts on our behalf are important components in our success.

Finally, the three tiers of your membership in organized medicine are reflected in the dues invoice: Close to home, your county medical society offers you peer support and collegiality. Organized medicine, like all other important activities, begins at home.

At the state level, your membership supports our important work in Springfield and allows you access to our medical malpractice insurance coverage, a critical aspect of your professional success.

And at the national level, you have the resources and power of the American Medical Association working for you through your membership. From the halls of the Capitol in Washington to the network TV studios in New York, the AMA works to represent the interests of organized medicine to today's decision makers.

Your dues statement does represent coming home to all levels of organized medicine. At a time when the challenges facing medicine are the toughest in history, your support, your efforts and your membership have never been so important.

Re-up now – and come home to organized medicine's challenging future. ▲

Robert M. Reardon, M.D.
President

Illinois Medicine

VOLUME 3, NUMBER 21

NOVEMBER 8, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins Jr., M.D., Chairman of the Board
Alexander R. Lerner, Chief Executive Officer

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15 W. 700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.

Guest Editorial

From the
Statehouse to
the Congress

by Rep. Thomas W. Ewing

On July 2, my world took a dramatic turn. That day, after serving more than 17 years in the Illinois General Assembly and attaining the position of Deputy Minority Leader, I was elected to the United States Congress.

Running in a special election to complete the unexpired term of former Rep. Edward R. Madigan, who resigned to become Secretary of Agriculture, I campaigned throughout the 15th Congressional District – an area that includes all or parts of 13 counties and encompasses four different area codes. I was gratified to receive 65 percent of the vote. I am also grateful to the physicians of Illinois for their many years of unqualified support.

The first few weeks in Washington were much like watching a two-hour movie in 30 minutes. First came the swearing-in ceremony on July 10, with my wife, children and mother on hand to share the experience. Next came my committee assignments – Agriculture and Public Works and Transportation. Both are considered “A” committees and provide an excellent opportunity to help the 15th Congressional District. The very same day I was sworn in, I voted on granting “most favored nation” status to China, an issue that involved a quick briefing from the White House and Department of Agriculture.

During this whirlwind of events, the task of putting together my Washington and district offices and staff had to be completed. I have a staff of five in Washington, all of whom have Illinois roots. In the district, there are offices in Pontiac, Bloomington and Kankakee with a total of nine full-time employees.

My years of service in the Illinois House of Representatives taught me many things, including patience and the art of compromise. As a freshman member of Congress, the lessons learned in Springfield have already served me well.

The system by which government works is substantially different than that in Springfield. First, the Washington bureaucracy is mammoth. Agency after agency lines the streets. The required paperwork is endless. Finding the right person with the information you need is a daily battle. And the legislative process, with

which I am most familiar, differs considerably from Springfield.

While legislation in Springfield goes through the committee process, most of the substantive work is done on the House floor. Amendments are piled onto one another so that an original piece of legislation is hardly recognizable. In some cases, the bill that emerges from committee is completely removed and replaced with something else.

In Washington, the opposite is true; what you see is pretty much what you get. Most of the groundwork for a particular piece of legislation is laid in committee. Once a bill reaches the House or Senate floor, speeches are made and votes are cast – but there are very few changes in legislative content.

Many of the issues at the state and federal level are similar, however, and my legislative agenda in Washington is not that different from the one I pursued in Springfield. I am sponsoring bills to improve the farm economy and help our senior citizens.

I continue to be interested in reforming government to make it more accountable and efficient. I strongly support giving the president the line-item veto to eliminate unauthorized and unnecessary spending. I also support a balanced budget amendment to force Congress to spend only the money it has – and to quit mortgaging the future of our children and grandchildren.

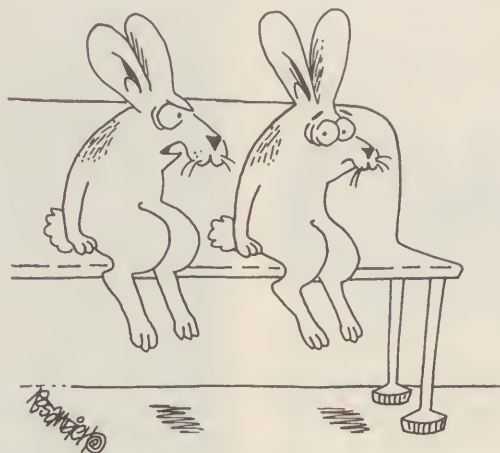
General reform of our tort system is another important issue I brought to Congress from the General Assembly. In Springfield, I was the chief sponsor of an entire package of tort reform bills. In Congress, I will continue to fight for limits on malpractice awards. Bringing fairness to both medical providers and those who receive medical care means taking measures to reduce the cost of health care. Failing to do so could very well lead to a national health care system, something that should frighten all of us. We have the best health care system in the world. Our challenge is to ensure that our health care system remains the best while also providing all Americans with affordable care.

In only a few short months, I have grown to enjoy and appreciate my role as a member of Congress. I sit on two important House committees, giving me an immediate opportunity to make a positive impact. During the campaign, I promised to be a responsive and accessible representative. When Congress is in session, I am in Washington. When it is not, I am home, talking to the people and listening to their needs and concerns.

There remains a lot of hard work ahead, but I'm confident and enthusiastic about the future of the 15th District and the state of Illinois. We have much to be proud of and to anticipate, and I look forward to contributing to the growth and prosperity of our state and country. ▲

Rep. Ewing, a Republican, is from Pontiac.

V.D. CLINIC



“Now I know why they call you ‘bugs’ bunny.”

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

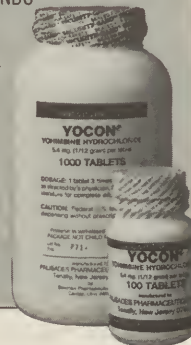
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Physicians find ways to reduce stress of litigation

by Anna Brown

BEING SUED IS a devastating experience. But the stress and anxiety generated by a lawsuit are manageable, especially with the resources available to physicians from the Illinois State Medical Inter-Insurance Exchange. About 20 first-time defendants of malpractice suits and their spouses learned about these resources firsthand at the Exchange's seminar, "Coping with the Stress of Litigation," held Oct. 23 at the Hyatt Regency Hotel in Oak Brook.

"Just because you've been sued doesn't necessarily mean you did anything wrong," said James P. Ahstrom Jr., M.D., chairman of the Exchange's Physician Support Group and seminar moderator. Educating physicians about the support available from both the Exchange and the defense attorneys who represent them is a priority of the Exchange.

"This seminar was designed to teach physicians being sued for the first time how to cope with stress from the moment of receiving the summons through the discovery process and the trial," said Dr. Ahstrom. "Because it's such a traumatic experience, it's important for them to know what they should do."

A panel of three experts, including Dr. Ahstrom, led participants through stress reduction methods, and answered general questions about the litigation process and how to cope. Kevin Glenn, an Exchange



Exchange defense attorney Kevin J. Glenn (right) describes the litigation process with moderator James P. Ahstrom Jr., M.D., and Exchange staff representative Karen Tellers.

defense attorney from the Chicago firm of Clausen Miller Gorman Caffrey & Witous, P.C., described the litigation process, emphasizing the many ways a physician defendant can control his or her own case. An Exchange staff representative explained how the Exchange handles claims, from the day a summons arrives to deciding whether to defend or settle. Dr. Ahstrom addressed the emotional impact of litigation on physicians and their families.

"The main thing is to help physicians gain control of the whole thing," he said. "They may not feel that way, but they're the ones who

have more knowledge about the case than anyone else. This should give them confidence in themselves."

The Exchange staff representative said the role of the professional liability analyst is to be the physician's link to the Exchange through correspondence, telephone and personal contact. The analyst handles the claim from the moment a physician notifies the Exchange of a lawsuit, through the attorney assignment, initial interview and discovery process, to the trial and resolution. A committee of physicians recommends whether to defend or settle the case, and confers with the physi-

cian on the decision. If the recommendation is to settle, the analyst begins negotiations with the plaintiff.

The claims analyst also manages counsel, working in concert with the physician and attorney to make informed decisions about medical records, consultant reviews and non-medical factors, such as sympathy, locality trends, witness credibility, disagreements among defendants and documentation problems. The goal is to get the physician involved in the suit early.

After the claims analyst has compiled all initial information, the physician defendant meets with his or her defense attorney and professional liability analyst. "This is the first opportunity for you to begin educating us," Glenn told participants. "We have to learn what you know."

The physician's role is vital in the litigation process, said Dr. Ahstrom. "They have to know all about the condition that the patient had and the treatment from inside out, just like studying for a board exam," he said. "And they have to impart this to the attorney. It's the attorney who brings out the fine points – the opinions and the feelings that influence the jury – so the physician must work very closely with the attorney."

Glenn explained the importance of conveying as much medical information as possible so the attorney can formulate a strong defense. He advised participants to do their own

(continued on next page)

Psychotropic drug rule vague, but universal

by Anna Brown

AMBIGUOUS LANGUAGE amending the Illinois Mental Health and Developmental Disabilities Code regarding the prescribing of psychotropic drugs has sent a wave of concern through the medical community. Physician experts say that confusion exists regarding who is covered by the amendment, effective Jan. 1, 1991, and that the law's definition of psychotropic drugs is overly broad. In addition, some physicians have expressed the concern that the confusion could result in allegations of malpractice.

The amendment states that if physician services "include the administration of psychotropic medication, the physician shall advise the recipient, in writing, of the side effects of the medication to the extent such advice is consistent with the nature and frequency of the side effects and the recipient's ability to understand the information communicated." In addition, the law defines a psychotropic drug as "medication whose use for antipsychotic, antidepressant, antimanic, antianxiety, behavioral modification or behavioral management purposes is listed in *AMA Drug Evaluations* or the *Physician's Desk Reference*."

The confusion arose when the Illinois Psychiatric Society initially interpreted the amendment as applicable to residential mental health facilities, such as hospitals with psychiatric units and Illinois Department of



P.S. Sarma, M.D., chairman of the ISMS Council on Mental Health and Addiction.

Mental Health and Developmental Disabilities facilities, but not outpatient facilities, psychiatrists in private outpatient practices, or non-psychiatric hospital units. Further review, however, led IPS and the Illinois State Medical Society to conclude that the rule applies to all Illinois physicians prescribing psychotropic medications.

"Informed consent is important," said P.S. Sarma, M.D., chairman of the ISMS Council on Mental Health and Addiction, who advocates repealing, or at least modifying, the legislation. "I don't think physicians, and particularly psychiatrists, are putting patients on medications without telling them anything about the medication. But if the legislators want to apply this to all psychiatrists

and all psychiatric patients, they should limit the required written information to those patients who are on the medication for more than 30 days."

Mark J. Heyrman, executive director of the Governor's Commission to Revise the Mental Health Code of Illinois, said legislators did not act on the commission's recommendation, which was to provide oral notification of side effects, but not necessarily written. He said commission members expressed the concern that "telling all would be worse than telling nothing," considering the lengthy lists of side effects for some psychotropic medications. "Often a written statement is more confusing than helpful," Heyrman said, noting the commission's fear that physicians would simply provide handouts instead of discussing the medications. "The commission felt it was good practice for physicians to have a dialogue with patients," he said.

Rule applies to all physicians

Karl Menninger, IDMHDD chief of the bureau of rules, policy and regulatory review, said the department is currently developing rules that will apply only to state-operated inpatient facilities. "The rule will restate the law as an interpretation of how it should be implemented. It will in no way exempt other physicians from the law." The IDMHDD rules will be available in about a month, he added.

"Right now we have to comply, pe-

riod," said Dr. Sarma, explaining that physicians who prescribe psychotropic drugs without proper patient notification may be vulnerable to allegations of malpractice. "We have to give patients something in writing."

"My thinking is that most physicians follow the principle of verbally informing the patient," he said. "This law requires written information to be given. My concern is that the patient who is really ill and needs a fairly quick source of medication is in no shape intellectually and mentally to sit down and read. There may not be a relative available to inform them of all the potential effects. It should not apply to situations where the patient needs the medication right away, and that happens quite often."

Dr. Sarma is also concerned that physicians other than psychiatrists are affected by the law. The law covers an extremely large number of medications, he said, including drugs that curb bed-wetting in children. "This is a behavioral change. You can imagine how encompassing this is."

How to comply

Dr. Sarma suggests that when possible physicians should provide written materials to a relative if the patient is too ill to comprehend, or too mentally disabled. He said the American Medical Association provides pre-printed materials for patients on various drug classes. Dr. Sarma noted, however, that materials are not available for all medications.

(continued on next page)

benazepril hydrochloride

important changes in standard laboratory tests
ated with Lotensin administration. Elevations of liver
serum bilirubin, uric acid, and blood glucose have been
scattered incidents of hyponatremia, electrocardio-
leukopenia, eosinophilia, and proteinuria. In U.S. trials,
patients discontinued treatment because of laboratory

single oral doses of 3 g/kg benazepril were associated
significant lethality in mice. Rats however, tolerated single oral
up to 6 g/kg. Reduced activity was seen at 1 g/kg in mice and at
human overdoses of benazepril have not been reported.
Common manifestation of human benazepril overdosage is

terminations of serum levels of benazepril and its
widely available, and such determinations have, in
ished role in the management of benazepril

variable to suggest physiological maneuvers (e.g.,
the pH of the urine) that might accelerate
benazepril and its metabolites. Benazepril can be
body by dialysis, but this intervention should rarely, if

would presumably serve as a specific antagonist-
g of benazepril overdose, but angiotensin II is
ble outside of scattered research facilities. Because
ect of benazepril is achieved through vasodilation and
ia, it is reasonable to treat benazepril overdose by
aline solution.

INISTRATION The recommended initial dose for
ing a diuretic is 10 mg once-a-day. The usual
range is 20-40 mg per day administered as a single
divided doses. A dose of 80 mg gives an
but experience with this dose is limited. The divided
effective in controlling trough (pre-dosing) blood
same dose given as a once-daily regimen. Dosage
e based on measurement of peak (2-6 hours after
esponses. If a once-daily regimen does not give
youse an increase in dosage or divided
be considered. If blood pressure is not controlled
a diuretic can be added.

s above 80 mg have not been evaluated.
ministration of Lotensin with potassium
ium salt substitutes, or potassium-
lead to increases of serum potassium

are currently being treated with a diuretic,
atic hypotension occasionally can occur following the
sin. To reduce the likelihood of hypotension, the
possible, be discontinued two to three days prior to
g with Lotensin (see WARNINGS). Then, if blood
is not rolled with Lotensin alone, diuretic therapy should be

not be discontinued, an initial dose of 5 mg
sed to avoid excessive hypotension.
In Renal Impairment
reatinine clearance <30 mL/min/1.73 m² (serum
), the recommended initial dose is 5 mg Lotensin
may be titrated upward until blood pressure is
umum total daily dose of 40 mg.

C91-13

al Company
IGY Corporation
y 07901

C, deSilva J, Weber M. Peak and trough effects
dose levels of benazepril in mild-moderate
m J Hypertens 1989;2(part 2):45A.

R, Mallows S, deSilva J. Benazepril in the
r and elderly hypertensive patients. Royal
ine Services International Congress and
ries No. 166:1990:111-121.

A Pharmaceutical Company.
De Lepeleire I, Verbesselt R et al. Effect of
verting enzyme inhibitor, on plasma levels and
comarol and warfarin. Int J Clin Pharmacol
5:319.

De Lepeleire I, Van Hecken A, Verbesselt R et al. Interaction
een furosemide and the converting enzyme inhibitor
zepril in healthy volunteers. Eur J Clin Pharmacol.
34:465-468.

G, Dresse A, Ackermann R et al. Interaction between
zepril hydrochloride and hydrochlorothiazide in healthy
eers. Eur Heart J. 1989;10(suppl):118.

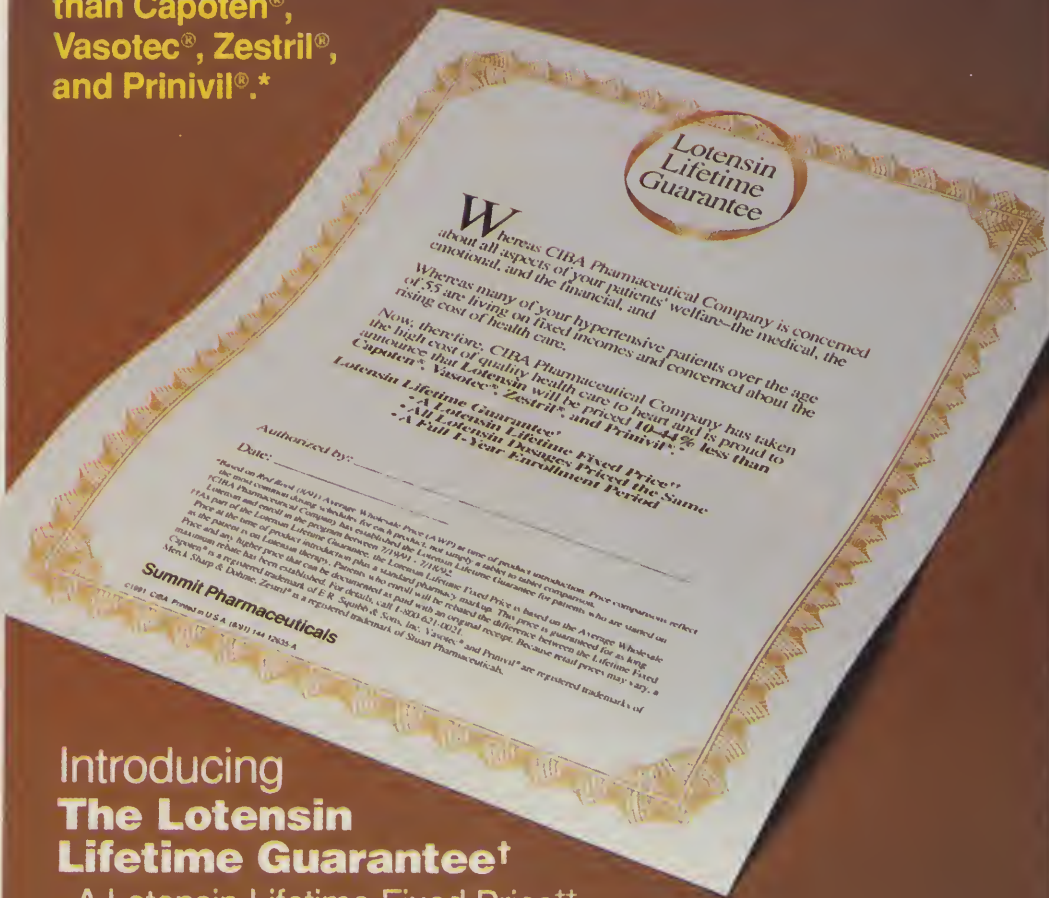
3A-GEIGY Corporation. 144-12893-A

NEW

ONCE DAILY
for many patients

Lotensin™
benazepril HCl
5-10-20-40-mg tablets

CIBA Pharmaceutical Company has taken the high
cost of quality health care to heart and is proud to
announce that Lotensin will be priced **10-44% less**
than Capoten®, Vasotec®, Zestril®,
and Prinivil®.*



Introducing The Lotensin Lifetime Guarantee†

- A Lotensin Lifetime Fixed Price††
- All Lotensin Dosages Priced the Same
- A FULL 1-Year Enrollment Period

Ask your CIBA/Summit Sales Representative for details
about Lotensin and the Lotensin Lifetime Guarantee.

*Based on Red Book (8/91) Average Wholesale Price (AWP) at the time of product introduction. Price compar-
isons reflect the most common dosing schedules for each product, not simply a tablet to tablet comparison.

†CIBA Pharmaceutical Company has established the Lotensin Lifetime Guarantee for patients who are
started on Lotensin and enroll in the program between 7/19/91 - 7/18/92.

††As part of the Lotensin Lifetime Guarantee, the Lotensin Lifetime Fixed Price is based on the Average
Wholesale Price at the time of product introduction plus a standard pharmacy markup. This price is guar-
anteed for as long as the patient is on Lotensin therapy. Patients who enroll will be rebated the difference
between the Lifetime Fixed Price and any higher price that can be documented as paid with an original
receipt. Because retail prices may vary, a maximum rebate has been established. For details, call
1-800-621-0021.

Capoten® is a registered trademark of E.R. Squibb & Sons, Inc. Vasotec® and Prinivil® are registered
trademarks of Merck Sharp & Dohme. Zestril® is a registered trademark of Stuart Pharmaceuticals.

C I B A

Taking the high cost of health care to heart

Exchange Q & A

Physicians are encouraged to submit
queries to: Exchange Q & A, Illinois
Medicine, Twenty North Michigan Av-
enue, Suite 700, Chicago, Ill. 60602.



Q: What is prior acts coverage? How
do I know if I qualify for a prior acts pol-
icy?

A: Prior acts coverage allows a
physician to change from one
"claims-made" carrier to another
without purchasing a reporting en-
dorsement, also known as "tail cov-
erage."

Determining eligibility for prior
acts coverage typically involves going
through the underwriting review
process. There are two conditions
that disqualify applicants: 1) If the
physician applicant was practicing as
a member, shareholder or employee
of a group that was insured with an-
other carrier during the prior peri-
od; or 2) If the physician applicant's
primary practice was located in a
state other than Illinois during the
prior period.

Please note that although a physi-
cian may not qualify for prior acts
coverage, he or she may still qualify
for prospective coverage by present-
ing evidence of tail coverage pur-
chased from the previous carrier.

For more information about prior
acts coverage, contact the Exchange
Underwriting Division at (312) 782-
2749 or (800) 782-ISMS.

Q: I intend to incorporate as a sole
shareholder corporation. Do I need to
apply for a corporate policy?

A: No. A corporate policy is intend-
ed for a multi-shareholder corpora-
tion (two or more shareholders).

A corporation in which you are
the only shareholder can be covered
under your individual policy as an
"additional name insured." In so do-
ing, you and your corporation share
the same limits of liability. There is
no additional premium charge for
this coverage. ▲

Psychotropic drugs

(continued from page 6)

Patient information sheets on
drug classes can also be ordered
from the United States Pharma-
copoeial Convention Inc. at (800)
227-8772. Each pad of 50 sheets
costs \$2.25, and a sample kit of in-
dex titles is also available.

"There has to be legislative action
in order to really make this a more
sensible law," said Dr. Sarma. "My
recommendation would be, if we are
not able to limit it to IDMHDD pa-
tients, then at least we should limit it
to patients who are on medication
for more than a specified period of
time. Otherwise we are making ev-
eryone's life too miserable, and the
payoff, the protection afforded,
would not be that significant." ▲

Stress seminar

(continued from page 6)

literature searches on their special-
ties, because they are best qualified
to do so.

Participants were briefed on how a
deposition is conducted and how to
handle themselves. While the deposi-
tion is extremely important, Glenn
reassured participants that they
would have plenty of opportunity to
fine-tune their performances,
adding that he often conducts video-
taped mock depositions.

Dr. Ahstrom emphasized the need
for family support in coping with
emotional stress, citing several symp-
toms, such as anger, moodiness and
lack of concentration. "Even if you
don't lose the suit, you lose a lot of
self-confidence," he said. Physicians

who have been sued may be more
cautious and may conduct more tests
or procedures "just to be sure. It
does change the practice, often for
the good, but not always," he said.

In addition to the seminar, Dr. Ah-
strom advocated the Physician Sup-
port Group as a means for physicians
who have been sued to cope with
stress. "Physicians and their spouses
can contact anyone in the support
group to discuss their situation," he
said, "not the specifics of the case,
but general feelings and problems."

Seminar participants received "sur-
vival kits," which include brochures
and articles by physicians on reduc-
ing and coping with the stress of
malpractice suits. The kit also in-
cludes the Exchange's "Physician-De-
fendant Handbook" detailing the lit-
igation process. Among its resources

for handling stress, the Exchange
provides a videotape, "The Malprac-
tice Suit: A Survival Guide for Physi-
cians and Their Families." To order
the videotape, or an audiotape ex-
plaining the Physician Support
Group, contact the Exchange's risk
management department at (800)
782-ISMS or (312) 782-2749.

"Other ways physicians can cope
with stress are through the develop-
ment of hobbies and other activities,
especially things they're good at and
have confidence in," said Dr. Ah-
strom. "It's important not to dwell
on [the case] all the time, but that
they do other things too."

Another seminar for first-time de-
fendants is scheduled in Springfield
for Jan. 22, 1992. ▲

YOU PRACTICE MEDICINE

We'll Run The Business

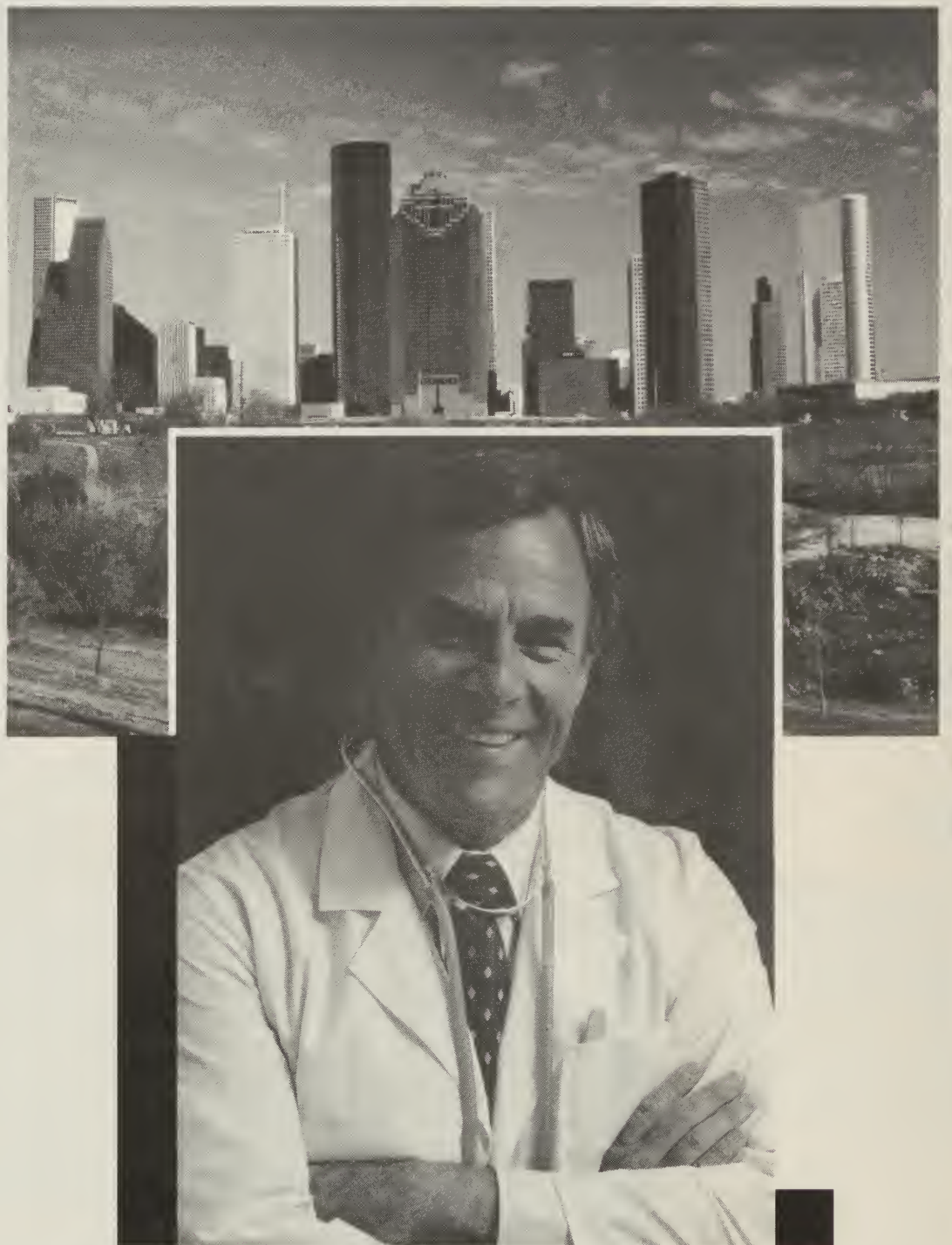
"After years of study, I honestly believed that I was ready to go into practice. I thought that knowledge and experience in medicine was all that I'd need to be a success out there. But, no one ever mentioned that I'd have to be an expert at insurance, law and collections...I'm a doctor, with a substantial amount of money and time invested in being the best that I can be. It didn't take long for me to realize that the time spent in managing my business was time taken away from the really important things in life; my patients, my family, and myself."

"That's why I chose group practice with Kelsey-Seybold Clinic. I don't have to deal with the administrative headaches that have made practicing medicine so difficult. My associates are highly respected professionals from a variety of fields, so when I need the support, it's always there."

"Kelsey-Seybold Clinic offered me a competitive salary, flexible benefit package, and a practice style to fit my goals and lifestyle. Within their multi-speciality group I found many options; fourteen urban/suburban clinics in Houston and several locations outside Texas. I decided to be a part of the Kelsey-Seybold family at The Texas Medical Center in Houston. It offered the kind of pace that I was looking for professionally, and put me right in the center of the most dynamic and fun city in the Southwest."

"Group practice with the physicians at Kelsey-Seybold Clinic lets me do what I do best . . . practice medicine."

Kelsey-Seybold Clinic currently has openings in selected specialties. Please call to learn if our style of practice is right for you. We will be happy to discuss our opportunities and answer your questions.



Kelsey-Seybold Clinic, P.A.

Al Czerwinski, M.D. - Medical Director
1709 Dryden
Medical Towers, 18th Floor
Houston, Texas 77030
1-800-231-6421

Members in the News

by Anna Brown

Sisters of Divine Providence of St. Elizabeth Medical Center in Granite City recently presented **George T. Wilkins Jr., M.D.**, of Edwardsville, the De La Roche Award at a black-tie awards dinner in St. Louis. The awards were named in honor of Mother Marie De La Roche, founder of the religious

order, who devoted her life to caring for the sick with respect and dignity. The awards are presented annually to those who exemplify her spirit of giving.

Dr. Wilkins has practiced as a pediatrician at St. Elizabeth for the past 26 years. During this period he has performed hundreds of physicals for children, including for those in the Army Camp and the Economic Opportunity Commission Clinic. He has been active with the United Way, Chamber of Commerce, Coordinated Youth's Services and local school districts. Dr. Wilkins is currently chairman of the Illinois State Medical Society Board of Trustees, and serves as a trustee for Southern Illi-

nois University.

Marshall A. Falk, M.D., of Northbrook, recently retired as executive vice president of the University of Health Sciences/The Chicago Medical School, and dean of CMS. Dr. Falk, a 1956 graduate of CMS, was named professor of psychiatry and dean of the school in 1974. He became executive vice president in 1982. A fellow

in both the American Psychiatric Association and the American College of Psychiatry, Dr. Falk has been president of the National Council of Deans of Free-standing Medical Schools for the past two years, and served as the president of the State of Illinois Council of Medical Deans. In 1984, he was appointed by the governor to membership on the State of Illinois Licensing Board. For five years, Dr. Falk chaired the ISMS Council on Mental Health and Addiction. Prior to becoming dean, Dr. Falk was chairman of the Chicago Medical School's department of psychiatry. He has been named Dean Emeritus. ▲

Zantac® 150 Tablets
(ranitidine hydrochloride)

Zantac® 300 Tablets
(ranitidine hydrochloride)

Zantac® Syrup
(ranitidine hydrochloride)

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac® product labeling.

INDICATIONS AND USAGE: Zantac® is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy and is maintained throughout a six-week course of therapy.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: Zantac® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: General: 1. Symptomatic response to Zantac® therapy does not preclude the presence of gastric malignancy. 2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although recommended doses of Zantac do not inhibit the action of cytochrome P-450 enzymes in the liver, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Pregnancy: Teratogenic Effects: Pregnancy Category B. Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Headache, sometimes severe, seems to be related to Zantac® administration. Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and, rarely, pancreatitis have been reported. There have been rare reports of malaise, dizziness, somnolence, insomnia, vertigo, tachycardia, bradycardia, atrioventricular block, premature ventricular beats, and arthralgias. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days. There have been occasional reports of hepatitis, hepatocellular or hepatocellular or mixed, with or without jaundice. In such circumstances, ranitidine should be immediately discontinued. These events are usually reversible, but in exceedingly rare circumstances death has occurred.

Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Although controlled studies have shown no antiandrogenic activity, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population.

Incidents of rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia, have been reported, as well as rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdose and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac® product labeling.)

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 mL/min is 150 mg or 10 mL (2 teaspoonfuls equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: Zantac® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets.

Zantac® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 (NDC 0173-0344-42) and 100 (NDC 0173-0344-09) tablets and unit dose packs of 100 (NDC 0173-0344-47) tablets.

Store between 15° and 30° C (59° and 86° F) in a dry place.

Protect from light. Replace cap securely after each opening.

Zantac® Syrup, a clear, peppermint-flavored liquid, contains 16.8 mg of ranitidine hydrochloride equivalent to 15 mg of ranitidine per 1 mL in bottles of 16 fluid ounces (one pint) (NDC 0173-0383-54).

Store between 4° and 25° C (39° and 77° F). Dispense in light, light-resistant containers as defined in the USP/NF.

September 1990

Glaxo Pharmaceuticals™
DIVISION OF GLAXO INC.
Research Triangle Park, NC 27709

© Copyright 1987, Glaxo Inc. All rights reserved.

ZAN858R3

Printed in USA

October 1990

One Of A Kind

Zantac®
ranitidine HCl/Glaxo 150 mg and 300 mg tablets

Please see Brief Summary of Prescribing Information on adjacent page.

Glaxo/ROCHE

ISMS urges motorcycle helmet legislation

by Rachel Brown

IF THE POPULAR 1970s television program "Happy Days" were being produced today, the look the Fonz popularized — faded blue jeans, a white T-shirt and black leather jacket — might have to include a motorcycle helmet too.

During the last 10 years, states have begun to strengthen mandatory motorcycle helmet safety laws weakened in the 1970s. According to the National Highway Traffic Safety Administration (NHTSA), 47 states currently have some form of helmet law for motorcyclists and their passengers. Illinois, which repealed its law in 1969, is now one of only three states

without legislation.

But Illinois physicians and legislators now are pushing for its re-enactment, citing studies that show the savings of millions of dollars in health care costs and thousands of lives.

A 1989 NHTSA study indicated a motorcyclist has a 20 to 30 times greater risk of dying in a crash than someone in an automobile, and that a motorcycle helmet was the single most important factor in a cyclist's survival. In addition, the study says that if all motorcyclists had worn helmets from 1984-1989, an estimated 8,000 lives could have been saved.

Another study by the Illinois College of Emergency Physicians shows

that motorcycle injuries and fatalities have a substantial impact on the economy. In the United States in 1988, the acute health care costs for 5,484 injured motorcyclists were more than \$35.3 million, almost half of which was paid with public funds. In addition, "If all motorcyclists had been wearing helmets in 1988, \$8.2 million would have been saved in acute health care costs and millions more in long-term care and rehabilitation expenses," the study noted.

In response to this study, Richard C. Frederick, M.D., an internist from downstate Tazewell County, introduced a resolution at the Illinois State Medical Society's 1991 annual meeting supporting legislation man-

dating motorcycle helmet use in Illinois. The resolution was unanimously adopted by the ISMS House of Delegates.

"I have a great deal of respect for individual freedom, but I feel that there is clear and convincing evidence that society ends up bearing a significant financial burden for an individual's freedom not to wear a helmet," said Dr. Frederick. "In this instance, society's right to legislate these kinds of protections should outweigh the individual's rights."

Vinod Sahgal, M.D., a Chicago neurosurgeon and director of the Midwest Regional Head Injury Center for Rehabilitation and Prevention, believes that many motorcycle riders "feel their personal freedom has to be protected at any cost, even if the cost bankrupts the nation."

State Sen. Frank Watson (R-Carlyle), minority spokesman for the Illinois Senate's Transportation Committee and an opponent of the law, questioned the constitutionality of a mandatory helmet law.

"I think everyone should wear a helmet, and if I rode a motorcycle, my choice would be to wear one," said Watson. "However, I don't feel it is something that should be man-

"Can They Take Care of Everything?"



DMH has our area's only comprehensive cancer program — everything from research, education and screening for early detection to treatment and support.

When one of your patients requires cancer treatment, you can feel confident they'll receive the best care at Decatur

Memorial Hospital's Cancer Care Institute. Our comprehensive program applies a multi-disciplinary approach.

It includes diagnostic capability, advanced technology and nationally affiliated research. You can rely on more than 20 years of expertise.

Call the DMH Cancer Care Institute. Because now is not the time to take chances.

Call: 217-877-8144 ext. 2380

Monday - Friday, 8 a.m. - 5 p.m.

Because now is not the time to take chances.

dmh **CANCER CARE INSTITUTESM**

Serving the region for more than 20 years.

a service of
Decatur Memorial Hospital
2300 North Edward Street
Decatur, Illinois 62526

Chicago receives federal funds to combat infant mortality

by Anna Brown

SIX CHICAGO neighborhoods will receive federal funds to reduce infant mortality as part of President Bush's Healthy Start program. The local areas to receive funds are Cabrini Green, West Town, the near West Side, the near South Side, Douglas Park and Grand Boulevard.

The goal of Healthy Start is to reduce infant mortality by 50 percent in five years in the chosen communities. Congress appropriated \$25 million for the project, to be divided between 15 areas nationwide. Of these areas, Detroit has the highest infant mortality rate, with 26.3 deaths per 1,000 live births. The designated Chicago communities show a 19.6 rate of infant mortality, compared with the overall Chicago rate of 15.2. The national rate is 10.

"Healthy Start is the centerpiece of the Bush administration's comprehensive effort to reduce infant mortality by providing concentrated new resources where they are most needed," said Gov. Jim Edgar in announcing the program.

Funds were granted to areas that showed high rates of infant mortality and that had already appropriated state resources to combat the problem, said Stephen Saunders, M.D., chief of the Division of Family Health of the Illinois Department of Public Health. Dr. Saunders, who wrote the proposal for the Chicago area, said that the local Healthy Start program will be organized by IDPH in conjunction with Cook County Hospital and community members.

"We were lucky to have a program already in place that we can build upon," said Dr. Saunders, indicating that the state has contributed \$7 million to fight infant mortality.

(continued on page 12)

dated. It is a choice made by the individual."

And Boone Brackett, M.D., a frequent motorcyclist for more than 10 years who has traveled extensively throughout the United States on his motorcycle, agreed.

"I'm an avid proponent of freedom of choice, particularly for those who have been riding for a long period of time," said Dr. Brackett, an orthopedic surgeon from Cook County.

Helmets, Dr. Brackett claimed obstruct vision, impair hearing and can make riders feel they have a "certain degree of invincibility and [can] take chances that they wouldn't take otherwise."

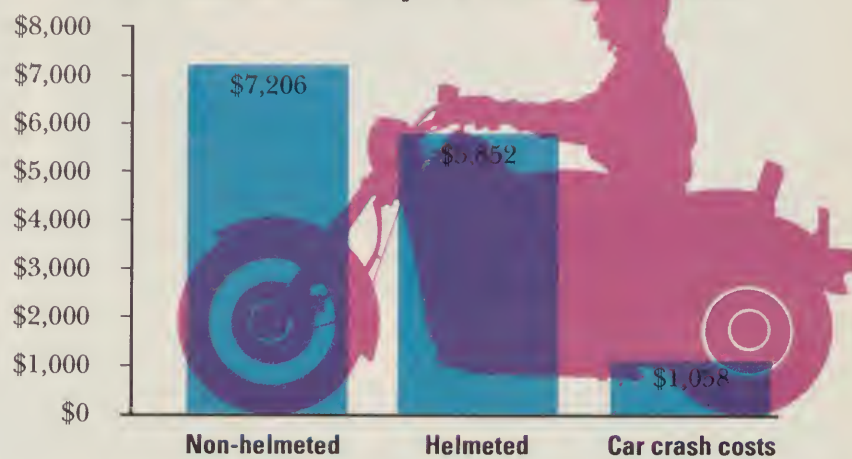
State Sen. Howard Brookins (D-Chicago), a strong supporter of mandatory helmet laws, has repeatedly pushed for legislation for the

past eight years. As a state representative, Brookins first introduced the legislation after a close friend died in a motorcycle accident.

"I have no explanation why this legislation has not passed in Springfield," said Brookins. "Not only will it save money for Illinois in the midst of a budget crisis, but it will save lives. It is good legislation."

Dr. Frederick believes increased public education on the issue is necessary to enact the legislation. "If [the public] realized that it was paying more taxes to support [victims of motorcycle accidents], then I think there would be much more of an outcry," said Dr. Frederick. "The issue hasn't gotten into the press and without that kind of publicity, the legislators are not going to change their minds." ▲

Average acute health care costs of Illinois motorcycle crashes in 1988



Source of data: Illinois College of Emergency Physicians

VARIED COMPLAINTS... REPEAT VISITS... NEGATIVE WORKUPS...



SUSPECT PERSISTENT ANXIETY...

▲ Persistent anxiety can manifest as a variety of somatic and psychic symptoms

RELIEVE IT WITH BuSpar®...

- ▲ Proven anxiolytic efficacy¹
- ▲ Smooth, progressive action—relief starts within 1 week, progresses steadily through the fourth week of therapy¹
- ▲ No more sedation (10%) than seen with placebo (9%)²
- ▲ Nonaddictive, no evidence of withdrawal syndrome³
- ▲ More commonly observed untoward events include dizziness (12%), nausea (8%), headache (6%), and nervousness (5%)

BuSpar® 10mg (buspirone HCl)

Progressive Relief of Persistent Anxiety.

Please see references and brief summary on adjacent page.

©1991, Bristol-Myers Squibb Company, Princeton, New Jersey 08543, U.S.A. JK-92

BuSpar® (buspirone HCl)

References: 1. Feighner JP, Cohn JB. Analysis of individual symptoms in generalized anxiety—a pooled, multistudy, double-blind evaluation of buspirone. *Neuropsychobiology*. 1989;21:124-130. 2. Newton RE, Marunycz JD, Alderdice MT, Napoliello MJ. Review of the side-effect profile of buspirone. *Am J Med*. 1986;80 (suppl 3B):17-21. 3. Lader M. Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med*. 1987;82 (suppl 5A):20-26.

Contraindications: Hypersensitivity to buspirone hydrochloride.
Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: **General—Interference with cognitive and motor performance:** Because buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdrawal patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers—Administration to nursing women should be avoided if clinically possible.

Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): Commonly Observed—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment—The more common events causing discontinuation included central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea, miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: Cardiovascular: Tachycardia/palpitations 1%. CNS: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. EENT: Blurred vision 2%. Gastrointestinal: Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. Musculoskeletal: Musculoskeletal aches/pains 1%. Neurological: Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. Skin: Skin rash 1%. Miscellaneous: Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. Cardiovascular—Frequent: non-specific chest pain; infrequent: syncope, hypotension, hypertension, rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. Central Nervous System—Frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. EENT—Frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. Endocrine—rare: galactorrhea, thyroid abnormality. Gastrointestinal—infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. Genitourinary—infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. Musculoskeletal—infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. Neurological—infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. Respiratory—infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. Sexual Function—infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. Skin—infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. Clinical Laboratory—infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. Miscellaneous—infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.

Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: Controlled Substance Class—Not a controlled substance.

Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: Signs and Symptoms—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.

U.S. Patent Nos. 3,717,634 and 4,182,763

MJL8-4270R2

Mead Johnson
PHARMACEUTICALS
A Bristol-Myers Squibb Co.
Princeton, New Jersey 08543
U.S.A.



Former U.S. Surgeon General C. Everett Koop, M.D., (left) confers with AMA Executive Vice President James S. Todd, M.D., at the UC medical education conference.

Wm. Daniels/The Photo Partners

Educators call for changes in American medical training

by Janice Rosenberg

IF PHYSICIANS OF the future are to meet the health care needs of the American people, medical education must change. That was the consensus message of a distinguished group of physician educators speaking at a conference on the future of American medical education at the University of Chicago Oct. 17-18.

More than 200 of North America's leading physicians and medical educators gathered for the conference, "The Future of American Medical

Education: The Legacy of Lowell T. Coggeshall," sponsored by the school's Division of Biological Sciences.

Conference speakers advocated several changes in medical education, citing the explosion of technology and the concomitant increase in medical knowledge as reasons for necessary revisions in the basic medical school curriculum. In addition, speakers noted that if students are to see any but the most seriously ill patients, the learning environment must expand into arenas outside the university hospital.

Pressure to make changes in medical education seems to come from two main sources, according to conference participants. First, an overwhelming amount of information needs to be taught and medical school curricula currently concentrate heavily on the sciences. "All progress of modern medicine has come from science," noted Fredric L. Coe, M.D., professor of medicine at the University of Chicago. "Therefore, doctors must know science."

But schools find it increasingly difficult to teach the vast and complex subject matter in just four years. "The dense packing of the medical school curriculum can result in shell-shocked students," said Bruce L. Gewertz, M.D., faculty dean at the University of Chicago. "Medical schools need to recognize that you can't teach it all, and that medical school is only a small part of medical training and practice. The curriculum should include a judicious selection of courses that enhance intellectual growth."

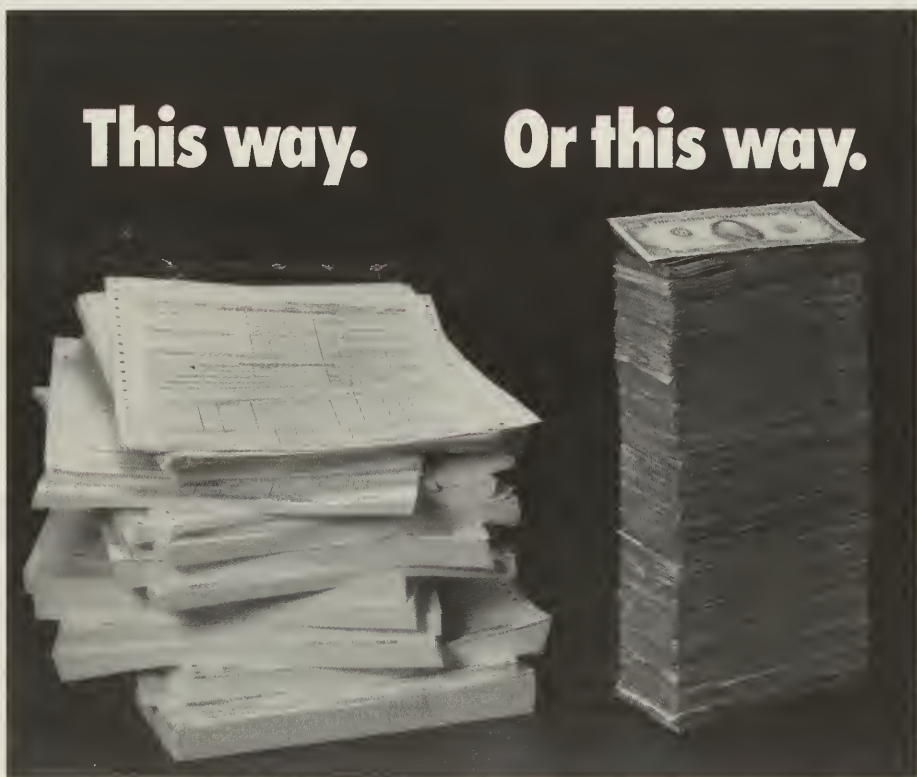
McMaster University School of Medicine in Hamilton, Ontario, has

FREE HOOK-UP

There are two ways you can look at your insurance claims.

This way.

Or this way.



You can look at your insurance claims as endless hours of paperwork. Or you can turn those claims into cash fast through electronic insurance claims processing. American Medical Finance is offering a FREE HOOK-UP* to our ALL-PAYOR clearinghouse network that allows you to submit virtually error-free insurance claims filed electronically.

Take advantage of the priority payment scheduling many carriers, including Medicare and Medicaid, give electronic claims. Claims that used to take three or four months for payment are often paid twice as fast.

Join the thousands of doctors already using this comprehensive software that includes:

- Instantaneous on-line claims editing to eliminate 99% of all errors
- Top billing rate coding to maximize allowable claims
- Practice management tools including patient tracking and accounts receivable reports

As a member of the American Medical Finance network, you may also access AMF's weekly **Cash Funding Services** to receive advance funding of your insurance claims.

Entering the age of electronic claims processing has never been easier or more affordable. Don't wait. Call today, and see how our FREE HOOK-UP* offer will change forever the way you view your insurance claims.

*Free hook-up based on a two-year electronic claims processing contract. Offer expires 3-31-92.



AMERICAN MEDICAL FINANCE INC.

12801 N. Central Expwy. Suite 280
Dallas, Texas 75243

1-800-356-1511

Infant mortality

(continued from page 10)

The amount of funds the Chicago area will receive has not yet been announced. According to Dr. Saunders, \$3 million was requested for the first year in the original proposal, but he believes this will be reduced. The grant consists of two parts, he said. The first is the planning phase, for which \$500,000 has been guaranteed. IDPH requested \$2.5 million a year for five years for the implementation phase of the project.

IDPH has nine months to complete the plan to consider "various strategies for a comprehensive Healthy Start plan," Dr. Saunders noted. Plans must be approved by the federal government before implementation can be funded.

"Infant mortality in these areas has several causes," said Dr. Saunders. He cited lack of access to and utilization of prenatal care, poor nutrition, and drug and alcohol abuse. Healthy Start will focus on getting mothers into care early, housing problems and the many social issues that contribute to infant mortality.

"Teenage pregnancy is certainly part of the problem, which is very complex," Dr. Saunders noted. "Young adolescent [mothers] under

operated with this philosophy since it opened in 1965. "Our goal is to teach students the ability to identify, analyze and manage clinical problems," said B. William Shragge, M.D., former chair of the school's undergraduate medical program. "We want to encourage lifelong learning, not shove a lot of content down students' throats."

Like McMaster's program, Harvard Medical School's "New Pathway Curriculum" is student-driven and interdisciplinary. "In deciding whether to include a course, we ask ourselves, 'Will it promote a permanent commitment to learning?'" said Dean Daniel C. Tosteson, M.D. "We want to teach ways of thinking about disease and to give students a framework of knowledge."

The second pressure for change derives from the increasing impact of societal problems on the practice of medicine. Several speakers, including former U.S. Surgeon General C. Everett Koop, M.D., noted that medical education must address the social and economic realities of the world outside the medical school. For example, Ruby Hearn, Ph.D., vice president of the Robert Wood Johnson Foundation, said that in a country where minority populations are rapidly growing, minority students must be encouraged to become physicians.

Medical schools also need to teach the social factors as well as the biological factors that influence illness. Alvin R. Tarlov, M.D., professor of health promotion, Harvard School of Public Health, called this the "chronic disease era" in the United States. "Societal characteristics are the predominant determinants of the health of a nation," he said. "Most chronic disease has its origins in lifestyle and reflects the social environment in which we all live."

Because they spend the majority of their medical school years in university hospitals seeing only the sickest patients, students may not have the

opportunity to observe the connection between lifestyle and illness. "Currently, their clinical years are spent in what has come to be an intensive care unit," said Robert H. Ebert, M.D., professor emeritus, department of medicine, Harvard University. "Students need access to other types of health care institutions."

Thus, medical schools should turn to a variety of clinical and primary care settings for teaching. John M. Eisenberg, M.D., chief of the general internal medicine section at the University of Pennsylvania, noted, "We need more ambulatory care settings. This is true in all specialties, because so many procedures are moving to the outpatient setting."

In such settings, students learn preventive medicine. "Prevention isn't as glamorous or exciting," said

"Medical education must produce physicians as concerned about caring as they are about curing."

— C. Everett Koop, M.D.

Dr. Koop. "But students in early clinical training must see in everyday practice the necessity to apply preventive as well as curative measures, and their mentors must assume this responsibility as an integral part of their teaching obligation."

Educators hope that this change in focus from patients with only the most critical medical problems to

those with everyday needs will also serve to humanize future physicians. "Has medical education lost its focus on the patient?" asked Mark Siegler, M.D., director of the University of Chicago's Center for Clinical Medical Ethics. "Does it concentrate on disease and technology instead of humans? These are not new questions, but it is important to remember that clinical medicine is more than science. A patient comes for help from people."

Dr. Koop concurred. "When we say health care, we all too often mean health cure and put too little emphasis on care," he said. "Medical education must produce physicians in the future who are as much concerned about caring as they are about curing." ▲



Enhancing The Quality of Life Worldwide

Upjohn is a company with a century-old commitment to enhancing the quality of life throughout the world. We believe that the discovery and development of innovative new products is the way to achieve that goal. We seek fresh scientific knowledge and put it to effective, practical use in the fields of human pharmaceuticals, pharmaceutical and specialty chemicals, animal pharmaceuticals, and vegetable and agronomic seeds.

Upjohn

Helping People Lead Healthier Lives.

17 years old have twice the infant mortality rate of older mothers. But these deaths contribute to 10 percent of the problem. Part of our strategy is to prevent adolescent pregnancy."

"An average of 123 infants a year die in these [Chicago] communities before their first birthdays," Edgar said. "Half of the local infant deaths can be prevented if we apply existing knowledge and coordinate current services."

The Bush administration has requested \$171 million for the same 15 areas for fiscal year 1992. "The infusion of this large amount of funds will enable us to supplement ongoing efforts to reduce the high infant mortality rates in these communities," Edgar said. "We plan to fill the gaps where services are needed, and encourage pregnant women and mothers to use existing services."

Other areas in the country that will receive Healthy Start funds are: the Aberdeen Indian reservations in Iowa, Nebraska, North Dakota and South Dakota; Baltimore; Birmingham, Ala.; Boston; Cleveland; Detroit; Lake County, Ind.; New Orleans; New York; Oakland, Calif.; Philadelphia; Pittsburgh; the Pee Dee Region, S.C.; and Washington, D.C. ▲

Dr. Widen said the original investigation was organized by the National Cancer Institute in conjunction with the Blue Cross and Blue Shield Association. The study includes 300 to 400 patients who will receive the autologous bone marrow transplants (ABMT), and a similar-size control group who will receive standard chemotherapy treatment, said Stephanie Williams, M.D., who will direct the clinical trials at the University of Chicago Hospitals. Patients will be randomly selected by computer for the control group or the ABMT group, she said.

Blue Cross will fund treatments for both groups through its reserves, not from premiums, Dr. Widen said. He estimated that treating Illinois' ap-

proximately 60 participants would cost Blue Cross from \$3 million to \$4 million. Nationally the cost of the program could range from \$45 million to \$50 million, he said.

"This is a very expensive program," said Dr. Widen. "A person receiving an ABMT is very vulnerable to a wide variety of problems. Blood [transfusions] and massive amounts of antibiotics can come to thousands of dollars a day. We're talking about a very expensive approach to the treatment of breast cancer. Costs can go up in some cases into the hundreds of thousands of dollars.

"We are not now changing our contracts or our benefits," he said, emphasizing that premiums would not increase as a result of Blue Cross' funding. He noted that Blue Cross wants to find out if the ABMT treatment should be routinely cov-

ered in the future. "None of us [at Blue Cross] have the medical expertise to say whether this is an appropriately advantageous and safe procedure or whether it is not. If it's obvious that this is the way to go, we will begin to cover it for all of our members."

In the treatment, after a patient's healthy bone marrow is removed and frozen, she receives levels of chemotherapy up to 10 times greater than normal. When the chemotherapy is completed, the healthy marrow, which high-dose chemotherapy would have destroyed, is returned to the patient's body. The risk of death from the procedure ranges from 5 percent to 15 percent, Dr. Widen said.

"This is not a short-term study," said Dr. Williams. "Randomized clinical trials are considered to be the

best way to prove that one therapy is better than another therapy, if one is looking to see if a treatment will improve overall survival.

"We estimate that it will take us three to four years to accrue a substantial number of patients into both arms of the study," Dr. Williams continued. "That's the first phase. Following that we would have to follow those patients, looking at both the time they are free of any breast cancer and overall survival and compare the two groups. Breast cancer can be an incredibly insidious disease that requires five-, 10- and 15-year follow-ups, but by five years we should determine a trend in terms of overall survival."

Martin Tallman, M.D., who will head the study at Northwestern Memorial Hospital, explained the high risk of the potentially lethal levels of chemotherapy, noting that even standard chemotherapy is not risk-free.

"Everyone knows breast cancer is a major problem in the United States today," said Dr. Tallman. "We don't have good enough therapy for breast cancer. There have been preliminary studies that have suggested that autologous bone marrow transplantation with high-dose chemotherapy is very promising. We need to prove to ourselves and our patients and to the country that this approach is effective. The way to do this is to compare it to the standard therapy."

The study criteria call for women under the age of 55 with high-risk, early-stage breast cancer, with at least 10 malignant lymph nodes. Patients should be referred to the program through their physicians.

"We don't want women to take this into their own hands," said Dr. Tallman. "Nothing substitutes for the relationship between the patient and her physician. We don't decide the care of a patient based on the vote of a group of doctors. We establish optimal therapy for a given patient based on her physician's recommendation."

"We would like to see this as a new beginning," said Dr. Widen, "as a new way for a forward-thinking carrier to work with academic medical centers to look at these kinds of issues. We would like to see the issues of new technologies, new treatments, new approaches in these very serious diseases settled in a scientific, appropriate way." ▲

AMIC

A D V A N C E D
M E D I C A L
I M A G I N G
C E N T E R

The Advanced Medical Imaging Center
Announces the availability of

MRI

AMIC offers state-of-the-art in Magnetic Resonance Imaging. In addition to standard MRI examinations, MR angiography will be available.

Advanced equipment design allows improved patient comfort:

- ▼ Accommodates patients weighing up to 400 pounds
- ▼ Reduces patient apprehension and claustrophobia through:
 - ▼ Specially installed music system
 - ▼ Large diameter gantry

AMIC is a full-service facility committed to providing high quality imaging. Our commitment means:

- ▼ Convenient location and hours
- ▼ Fax reports within 24 hours
- ▼ Board Certified Specialists
- ▼ Registered and Licensed Technologists
- ▼ Courteous office staff
- ▼ Sensitive Patient Care

"Working with you to extend your reach of care."

Call today for an appointment or to request information.

(312)807-3555

Radiological Physicians Limited

Magnetic Resonance Imaging, General Radiology, Mammography, Ultrasound, Computed Axial Tomography and Nuclear Imaging.

Hours: Monday through Friday - 7:30 a.m. to 5:30 p.m. Saturday - 9:00 a.m. to 1:00 p.m.
The Garland Building, 111 North Wabash Avenue, Suite 620, Chicago, Illinois 60602

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION Required by 39 U.S.C. 3685			
1a. Title of Publication	1b. Publication Number	1c. Issue Date	1d. Date of Filing
Illinois Medicine	0015-2444	09/26/91	
2. Frequency of Publication: Weekly except the first week of January, and July and August			
3. Number of Issues Published Annually: 24			
4. Complete Mailing Address of Known Office of Publication (Street, City, County, State and ZIP+4 Code) (Do not leave blank): Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602			
5. Complete Mailing Address of the Headquarters or General Business Office of the Publisher (Do not leave blank): same as above			
6. Full Names and Complete Mailing Addresses of Publisher, Editor and Managing Editor (Do not leave blank): Publisher: Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602 Editor: Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602 Managing Editor: Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602 Editor: Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602 Editor: Illinois State Medical Society, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602			
7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a corporation or other entity, its name and address must be stated.) Full Name: Illinois State Medical Society Complete Mailing Address: Twenty North Michigan Avenue, Suite 700, Chicago, IL 60602			
8. Known Bondholders, Mortgagees and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities. If none, enter none. Full Name: NONE Complete Mailing Address: NONE			
9. For completion by nonprofit organizations authorized to mail at nonprofit rates. (Do not leave blank.) The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: (Do not leave blank.) 101: Yes (Check one) 102: No (Check one) a. Has Changed During Preceding 12 Months b. Has Not Changed During Preceding 12 Months			
10. Extent and Nature of Circulation: (Do not leave blank.) a. Total Number of Copies (Net Press Run) 21,558 21,000 b. Paid and/or Requested Circulation: NONE 1. Sales Through Dealers and Carriers (do not include in-house sales) NONE 2. Mail Subscriptions NONE 3. Total Paid and/or Requested Circulation 13,033 12,951 c. Free Distribution by Mail, Carrier or Other Means: NONE 1. Office Use, left-hand column: NONE 2. Return from News Agents NONE d. Total Distribution (Sum of b. and c.) 20,295 20,274 e. Copies Not Distributed: 1,263 726 f. Total (Sum of d. and e.) 21,558 21,000 11. I certify that the statements made by me above are correct and complete. Signature and Title of Editor, Publisher, Business Manager, or Owner: <i>Carl N. Nolan</i>			

Upjohn

(continued from page 1)

in the eye and it was removed. While the jury awarded just over \$3 million in compensatory damages for the loss of sight, it also awarded more than \$124 million in punitive damages to Proctor.

Proctor's physician, Michael Davis, M.D., an Olympia Fields ophthalmologist and co-defendant in the case, was acquitted by the jury. Dr. Davis is an Illinois State Medical Inter-Insurance Exchange policyholder.

"The Exchange vigorously defends its policyholders when the doctor has not erred," said Harold L. Jensen, M.D., chairman of the Exchange Board of Governors. "Dr. Davis was found not guilty, and we consider this a victory for our aggressive defense philosophy."

Upjohn officials plan to appeal. The company claims the judge erred in not allowing the company to introduce evidence about U.S. Food and Drug Administration corticosteroid labeling requirements and company attempts to "advise physicians of appropriate use in its labeling." In treating Proctor, Dr. Davis accidentally injected Depo-Medrol into Proctor's eye while using the drug in a way not specifically recommended by the manufacturer.

"My feeling all along was that Dr. Davis could be successfully defended and subsequently he was vindicated by the jury," said Maurice Garvey, a Chicago attorney with the firm Bollinger, Ruberry & Garvey, who defended Dr. Davis in the case. "But this case clearly demonstrates the dangers of punitive damages and the importance of the statute the medical society helped pass protecting physicians from punitive damages."

"This case demonstrates the dangers of punitive damages and the importance of the statute the medical society helped pass protecting physicians from punitive damages."

— Attorney Maurice Garvey

"The award was extremely high — the second highest punitive damage award in the United States," Garvey continued. "It evidences the value of the type of statute we have in Illinois that prohibits punitive damages against physicians. It shows how dangerous it is when a plaintiff's attorney is allowed to argue for punitive damages."

The attorney explained that the seven-week trial was challenging because it involved a "non-label use" of a drug. The drug had not been approved for periocular injection — the technique the physician used on the plaintiff — by the FDA, he said. In addition, Upjohn had not specifically recommended the drug for that use.

"You are always worried that there is an initial impression the jury will get after hearing the opening statement by the plaintiff's attorney that the doctor must have done something wrong," Garvey said. In this

trial, the jury was told that the physician used a drug not approved by the FDA or recommended by the manufacturer for this treatment and that the doctor accidentally stuck the needle in the patient's eye.

Dr. Davis used Depo-Medrol to treat the patient's severe uveitis, Garvey said, adding that "the patient's long-standing chronic inflammation caused the sclera to become boggy, allowing the needle to enter the eye without the doctor's knowledge."

"Our evidence on behalf of Dr. Davis clearly demonstrated that the drug had been in general use by ophthalmologists internationally for over 20 years in this fashion," Garvey continued. "We also established through the medical literature and expert testimony that [blindness] is a well-known but rare complication of this procedure. We put on a very

strong defense in this respect."

"The decision is totally inappropriate," said Theodore Cooper, chairman of the board and chief executive officer of Kalamazoo, Mich.-based Upjohn. "During the 30 years it's been on the market, Depo-Medrol has proven to be safe and effective when used as recommended."

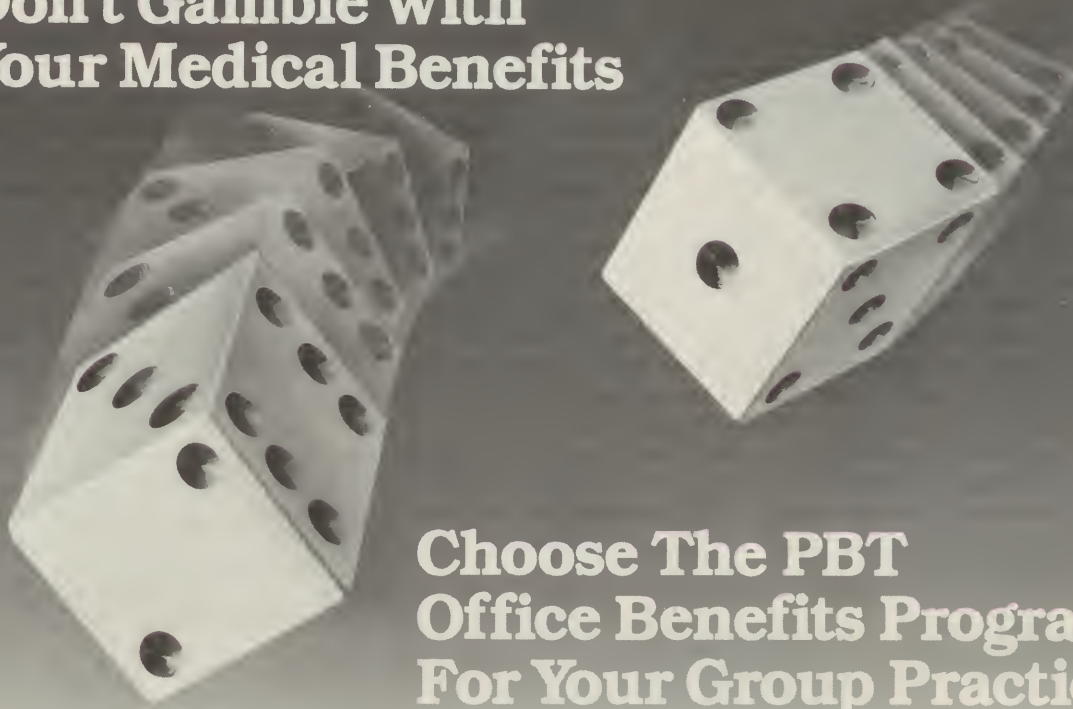
But the jury found Dr. Davis not negligent, levying the entire judgment against Upjohn for failing to adequately notify physicians of the drug's possible adverse affects in non-recommended uses.

"The Exchange believes that someone truly injured through negligence should be compensated fully for economic loss," said Dr. Jensen. "The economic portion of this award was \$3 million. The staggering \$120 million was non-economic. The plaintiff's attorney stands to receive

about \$42.5 million, or one-third of the award. Who will pay for this excessive award? We all will, in increased medical and drug costs."

The \$124 million punitive damage award is nearly a national record as well, lagging behind only a 1978 \$125 million punitive judgment against Ford Motor Co., maker of the faulty Pinto automobiles, according to Jury Verdict Research, an Ohio-based legal publishing firm that specializes in personal injury jury verdicts. In Illinois, the only punitive damage award that comes close to the one given in this case was for \$36 million against the makers of the drug Coumadin, said Lynn Godfrey, a research associate at Jury Verdict Research. Several other punitive awards in Illinois were set in the \$20 million range. ▲

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Office Manager/Contact Person: _____

Options:

Practice Name: _____

☐ Dental

Street: _____

☐ Disability

City/State/Zip: _____

☐ Life

Telephone: _____

☐ Dependent Life

Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

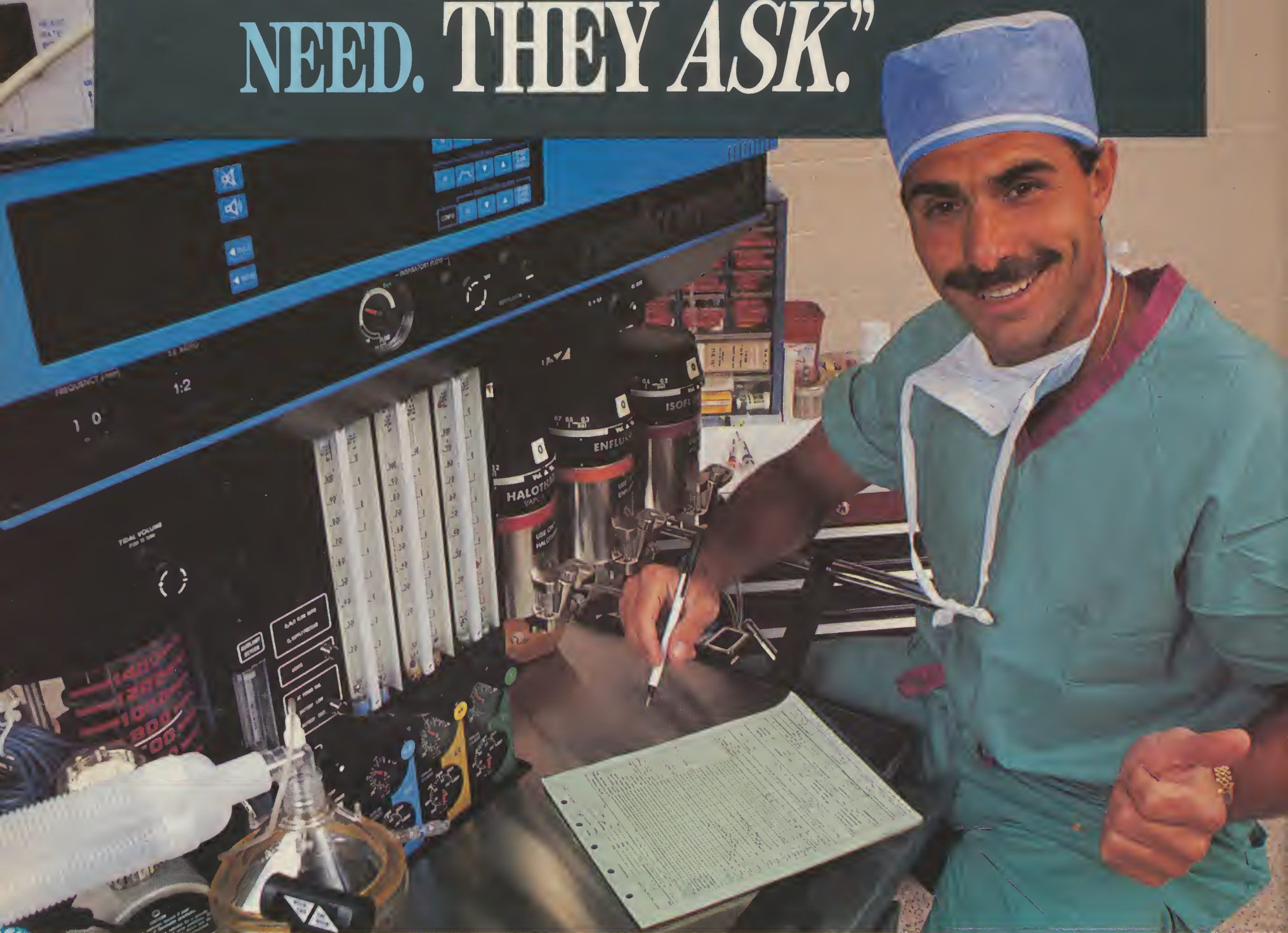
PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

ISMS

"APIC HAS AN UNUSUAL WAY OF FINDING OUT WHAT PHYSICIANS NEED. THEY ASK."



Our group of 17 anesthesiologists originally chose Associated Physicians Insurance Company for our professional liability insurance because they saved us money on our premiums. We have since found that there is more to APIC than competitive premiums.

When APIC wanted to encourage their insured anesthesiologists to follow the ASA protocols to reduce claims, they decided that a 15% credit on premiums might be appropriate. That was a pleasant surprise.

More surprisingly, they invited us and other anesthesiologists to help them craft the policy language and the guidelines that would be used to determine eligibility for the premium credit.

Imagine that. An insurance company that comes to you to offer a premium credit and asks you the best way to do it.

If your professional liability insurance company is too big or impersonal to really communicate with you, maybe it's time to see for yourself why over 1,100 physicians have chosen APIC. You will find them doing something unusual for an insurance company...*listening*.

—Michael Perconti, M.D.
West Central Anesthesiology Group
Oak Brook, Illinois



ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned/Professionally Managed/Financially Secure

For more information about APIC call toll-free 1-800-942-APIC
Administered by Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

D.C. effort

(continued from page 1)

mous, the choices painful. And that's precisely why it's so important that ISMS be involved in the process."

Three key issues provided the focus for initial discussions with congressional and White House officials: 1) mandatory AIDS testing for health care workers; 2) proposed RBRVS Medicare payment reform; and 3) health care reform. "On each of these, our basic message was simple," noted ISMS President Robert M. Reardon, M.D., of Bloomington. "Don't move without us. The physicians of Illinois want to be part of the debate."

On health care reform, Illinois physicians found a variety of perspectives at work to shape the debate. One point of agreement, however, soon became evident: the swift emergence of health care reform as a key element in the 1992 congressional and presidential elections.

"Both White House officials and members of Congress are searching for viable solutions to this complex and intensely political problem," commented ISMS President-Elect Arvind K. Goyal, M.D., of Rolling Meadows. "We need to help craft answers that will meet the needs of our patients, while maintaining the strengths in our current system."

ISMS can play an important role, helping to educate and inform those charged with making decisions, agreed federal policymakers. "They told us to develop and present specific cost-containment ideas. They asked us to re-examine and potentially expand physicians' roles in preventing lifestyle-related illness and death," said Dr. Reardon. "They asked for our input in evaluating a range of options, from means testing for government health benefits to business' growing interest in a single-payer national health plan."

Federal legislators expressed varying opinions on the American Medical Association's current push to eliminate the behavioral offset in Medicare's proposed payment reform regulation. Administration officials acknowledged that they are working to keep the offset intact.

"The White House asserts the behavioral offset is firmly grounded in actuarial science," reported Harold L. Jensen, M.D., of Harvey, who chairs the Illinois State Medical Inter-Insurance Exchange. "Just as our actuarial calculations are essential to sound malpractice insurance rates, so is the behavioral offset to the integrity of the Medicare program, the Health Care Financing Administration maintains. In my view, they'll be very difficult to move on this issue."

During their initial foray to Washington, D.C., Illinois physicians also met with AMA staff. "We know it's important to coordinate, not duplicate efforts at the federal level. We can then talk to our congressional delegation and White House officials about issues from an Illinois perspective, while being cognizant of the broader political landscape," said Dr. Wilkins. "Grass roots activity on issues as important as those currently before Congress can work to build both AMA's and ISMS' effectiveness. We intend to do that long-term; that's what the Washington presence program is all about." ▲

IHA

(continued from page 1)

nois State Medical Society President Robert M. Reardon, M.D. "We objected to the way the data has been shared, first, because information is being released by ZIP code, potentially compromising patient confidentiality. But we are also concerned that the way the data is being shared could lead to economic credentialing."

According to Steven R. Scheer, IHA executive vice president and an IHCCCC member, COMPdata is a software system that allows subscriber hospitals to access multiple data sets. These data sets can in turn be manipulated to provide useful information regarding "planning, marketing or physician relations," ac-

cording to IHA literature promoting the system.

Under the agreement, IHCCCC released the data to IHA, which negotiated separate agreements with hospitals to act as their agent. IHA then combined the IHCCCC data with other information and offered it through COMPdata.

Through COMPdata, IHA member hospitals have been able to access information detailing every patient discharge, including ZIP codes, diagnoses and procedures performed for each admitting physician at competing hospitals, as well as their own.

State law mandates that hospitals be allowed to review for accuracy any information published about their data before public release.

But it says nothing about receiving enhanced or value-added information about their competitors and

their physicians. In addition, the law is silent on how hospitals can exercise their right of review.

IHA moves to preserve status

Even if the Council and IHA fail to negotiate a new agreement, the disputed data could still end up being shared among competing hospitals, as IHA is trying to establish an alternate mechanism by which hospitals can access competitors' information.

The IHA is asking its subscriber hospitals to supply the same data they currently submit to IHCCCC.

The IHCCCC provides information regarding the cost of health care, access and quality of care provided by health care systems. The 11-member Council includes representatives of consumers, regulators, providers and purchasers. Both IHA and ISMS are members. ▲



SPECIALIZE IN AIR FORCE MEDICINE.

ER Physicians. Radiologists. OB/GYNs and other specialists!

Today's Air Force gives you the freedom to specialize without the financial overhead of running a private practice. Talk to an Air Force medical program manager about the tremendous benefits of becoming an Air Force medical officer:

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay each year

Examine your future in the Air Force. Learn if you qualify. Call

**USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF**



PEDIATRICS

Marshfield Clinic, a 400 physician multispecialty group practice, is seeking BE/BC pediatricians to join expanding regional centers in Chippewa Falls and Rice Lake, Wisconsin. These are beautiful, wooded Wisconsin areas with an abundance of lakes, rivers and streams. Both communities offer a thriving economic environment, clean air, low crime, excellent schools and exceptional four season recreation. Chippewa Falls is a community of 22,000 with 8-10,000 permanent residents living around adjacent Lake Wissota. It borders Eau Claire, Wisconsin, a city of nearly 80,000 which includes a major campus of the University of Wisconsin. Rice Lake is a lakeside community of 8,500 people. In addition to excellent primary and secondary schools, both public and parochial, educational opportunities include a U.W. Center and V.T.A.E. campus. Both opportunities have beautiful new Clinic Buildings situated adjacent to comparably modern and progressive hospitals. In addition to their many local resources, the nearby proximity of major metropolitan areas (ie: 1 1/2 hours from Minneapolis/St. Paul) provides a catalog of readily accessible cultural activities, shopping, fine dining and professional spectator sports. Each opportunity has its own special qualities with more attractive features relative to individual needs and preferences. Emphasis on life-style and quality practice is combined with a guaranteed salary and outstanding fringe benefit package. If this combination of professional excellence and life-style made possible through the backup resources of a leading medical center in conjunction with the uncommon, varied beauty of Wisconsin's land and lakes sounds interesting to you, please send C.V. and references to:

David L. Draves
Director Regional Development
1000 North Oak Avenue
Marshfield, Wisconsin, 54449
or call 1-800-826-2345, extension 5376



Marshfield Clinic

Our Prescription for Stressed Out Doctors

Imagine yourself in the beauty and solitude of Canada's far north. Nature's silence is only broken by the splash of an Arctic Grayling tail dancing across crystal clear waters. Remember your dream of hearing the call of the loon while eating a freshly caught trout cooked the shorelunch way. Picture the spruce scented air with skies so blue they must have been tinted by the master himself. The Arctic airport makes it possible for professional people to take a direct four hour charter flight to this fishing utopia.

"Escape to Arctic Paradise" is a thirty minute VHS cassette describing the lodge and fishing. It is yours to view at no charge.

Call or fax us today for our information and the VHS cassette. We are owner operated and care about you.

Arctic Lodges, Ltd.
12732 Pheasant Run.
Burnsville, MN 55337
(612) 894-7943
Fax (612) 894-9410

Obituaries

* indicates ISMS member

** indicates member of ISMS Fifty Year Club

*Aden

Marvilee J. Aden, M.D., of Rock Island, died September 24, 1991 at the age of 62. Dr. Aden was a 1956 graduate of the University of Illinois College of Medicine, Chicago.

**Branch

Charles D. Branch, M.D., of La Pointe, Wis. (formerly of Peoria), died August 19, 1991 at the age of 85. Dr. Branch was a 1931 graduate of the University of Michigan Medical School, Ann Arbor.

**Goldberg

David C. Goldberg, M.D., of Winnetka, died September 19, 1991 at the age of 93. Dr. Goldberg was a 1925 graduate of Chicago Medical School, Chicago.

*Martin

Felix M. Martin, M.D., of Quincy, died July 5, 1991 at the age of 67. Dr. Martin was a 1952 graduate of Facultad de Medicina de la Universidad de la Habana, Havana, Cuba.

*Smith

William S. Smith, M.D., of Libertyville, died December 6, 1990 at the age of 61. Dr. Smith was a 1960 graduate of Northwestern University Medical School, Chicago.

*Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?*

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
& COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO-certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicagoland and northern Illinois. Call Debbie Aber, 708/541-9332 or send your CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

BC/BE radiologist immediately needed to join two others in practice in Centralia. Peaceful community of 17,000, one hour east of St. Louis. 60,000 procedures/year all modalities in progressive 286-bed hospital. Excellent remuneration, partnership one year and no buy-in. Contact Richard Rudman, M.D., 13 Orchard Drive East, Centralia, IL 62801; 618/532-6731 office, 618/533-2066 home.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Summer, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Chicago – EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Physician practice opportunities—southern Illinois. Correctional Medical Systems, the national leader in contract health services to state and local correctional centers, currently seeks a medical director for the Centralia Correctional Center. This outstanding opportunity combines hands-on medicine with administrative responsibilities. CMS also seeks a part-time physician for the Graham Correctional Center in Hillsboro. Coverage needed Fridays and alternating Saturdays. Compensation is excellent. Low-cost occurrence-based malpractice insurance is available. For confidential consideration or more information, please contact: John Bogdan, physician recruiter, Correctional Medical Systems, P.O. Box 27352, 999 Executive Parkway, St. Louis, MO 63141; 1-800-325-4809, ext. 3107.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Picturesque north shore of Lake Superior. Seeking family practice or internal medicine physician. Fulfilling small clinic practice. No start-up costs. Scenic beauty, various outdoor activities, with time to enjoy it! Write Jon Ward or Kathy Haselow, Silver Bay, MN 55614, or call collect 218/226-4431.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax your CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility, has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Obstetrics/gynecology, Brainerd, Minn. Join two Ob/Gyns in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Internal medicine, Brainerd, Minn. Join seven internists in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Dermatology, Brainerd, Minn. Join 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Otolaryngology, Brainerd, Minn. Join 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Pediatrics, Brainerd, Minn. Join pediatrician in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Family practice—nine-member multispecialty group 35 miles southwest of downtown Chicago seeks FP to join growing practice in satellite location. Guaranteed salary with incentive. Opportunity for partnership, many fringes, plus profit sharing. Excellent grade and high schools. Call or write Frank Schibli, administrator, Hedges Clinic, 222 Colorado Avenue, Frankfort, IL 60423; 815/469-2123.

Ob/Gyn—nine-member multispecialty group 35 miles southwest of downtown Chicago seeks Ob/Gyn to join our female Ob/Gyn in growing practice. Guaranteed salary with incentive. Opportunity for partnership, many fringes plus profit sharing. Excellent grade and high schools. Call or write Frank Schibli, administrator, Hedges Clinic, 222 Colorado Avenue, Frankfort, IL 60423; 815/469-2123.

Chicago—near north suburbs: Busy Ob/Gyn seeks BC/BE associate leading to partnership. Competitive salary and benefits. Send CV to North Shore Ob/Gyn, 1160 Park Avenue West, Highland Park, IL 60035, or FAX 708/835-2898.

Family physicians—Join a friendly six-person group in a scenic small town not far from a first-class hospital. Enjoy the amenities of nearby Milwaukee, Chicago, Lake Geneva, and Madison with four out of five weekends off. You are free to concentrate on patient care in this prospering, well-managed practice. OB is optional. Please call Amy Palmer, Waukesha Memorial Hospital, 1-800-326-2011.

Physicians wanted: Full- and part-time opportunities in central and southern Illinois and various Missouri locations. Proper licensure required. Contact: Annashae Corp., 1-800-245-2662.

Illinois/nationwide. Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; 1-800-831-5679.

Bellowing spinnakers dot the lake surface. Hot air balloons drift effortlessly overhead, the fish always bite on the right bait, and there is a patient base just waiting for the right family practitioner to serve them. A 270-plus bed southern Illinois regional hospital desires to add another BE/BC family practitioner to their growing medical staff and is offering a package and guarantee that is mind-boggling. You can't afford to ignore this one — no OR, shared call and fantastic quality of life. Call Tom Kubiak, colonel, USAF (retired), at 1-800-753-3374, or mail your CV to P.O. Box 351, O'Fallon, IL 62269.

Here's the chance of a lifetime for an endocrinologist to join a rapidly expanding endocrine practice. Solo BC endocrinologist has developed a hospital-based practice complete with in-office lab facilities 20 minutes from the amenities of downtown St. Louis. Practice is 90 percent endocrine, 10 percent internal medicine (by patient request). Income potential is mind-boggling. Key to practice style is quality patient care and quality medicine. Willing to share and share alike. University of Nebraska M.D. and Washington University Endocrine Fellowship. Call Tom Kubiak, colonel, USAF (retired) at 1-800-753-3374 or send CV to P.O. Box 351, O'Fallon, IL 62269.

Catch the spirit of St. Louis while working with one of two Illinois hospital emergency room openings between 20 minutes to 40 minutes from the "Arch." Both opportunities are with a physician-owned/operated emergency medicine company — a company where you count as an integral part of the team. We would like to talk with you in confidence. Top compensation, malpractice, tail, interview and relocation expenses. Locum tenens welcome. Call Tom Kubiak, colonel, USAF (retired), at 1-800-753-3374 to arrange a convenient time to talk with the physician/owner or send your CV to P.O. Box 351, O'Fallon, IL 62269.

Purdue University Student Health Center is seeking a BC/BE physician to provide primary care in an active university health setting. Health care and prevention services are offered through outpatient and women's clinics, urgent care facilities, mental health service, physical therapy department and a progressive health promotion/patient education program. This full-time, year-round appointment offers excellent fringe benefits, including a generous vacation/holiday package, CME allowance, malpractice coverage, an outstanding retirement program, medical insurance and a light call schedule. Please call or send CV to James S. Westman, Ph.D., director, Purdue University Student Health Center, West Lafayette, IN 47907; phone 317/494-1720. EO/EAU.

McLean County, Illinois, seeks an Illinois-licensed medical doctor to serve as the county's jail physician. The jail physician provides direct medical care services to the adult detainees and sentenced inmates at the McLean County Jail, Bloomington. Please contact the Office of the County Administrator, Law and Justice Center, Room 701, 104 W. Front Street, Bloomington, IL 61702-2400, 309/888-5110, for a copy of the county's request for proposal. The closing date for this proposal is Friday, Nov. 29, 1991.

Situations Wanted

Physician experienced in occupational and family practice seeking a full-time position in Chicago. Reply to Box 2201, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Board-certified family physician seeks part-time position in Chicago area or in a North Side suburb. Write to Box 2203, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Lake Point Tower. Prime tiers combined into spacious 2,200-square-foot home with spectacular high floor, city skyline/north lakeshore view that goes on forever. Split bedrooms, 26-foot master suite, 37-foot living room. Neutral decor. Move right in! Every amenity imaginable plus 2¼-acre private park. Must sell. Sherri Schmidt, 312/33REMAX.

Well-equipped laboratory in professional building in Midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Stunning 1,820-square-foot penthouse with 46-foot deck. Tons of marble, white oak, elevated dining room and den. Two indoor heated parking spaces. \$339,000. Wrigleyville home, on oversize lot, three bedroom, two bath, garage, rustic yard and deck, parking for four cars. \$297,500. DePaul townhouse, Dayton Street. Three bedroom, 2½-bath front unit, master bedroom suite, two wbfsp, patio, security. \$299,500. Re/Max Exclusive Properties, Chuck Stuparis, 312/33REMAX.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

For sale, family practice. Active practice which nets \$150,000 per year with great potential for further growth. Located in prosperous, lakeside Illinois community. No public aid or HMO affiliations. Very low asking price. Reply to Box 2200, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Exclusive 30-acre site – 720 feet of Lake Michigan non-eroding beach frontage approximately 1,800 feet deep. Ideal for your estate, medical retreat, or an association of owners. Set up and approved to accommodate a minimum of eight estate-sized sites, if interested in subdividing. Can have a private gated entry. 2½ hours from Chicago (three minutes from I-196/U.S. 31 expressway) at South Haven, Mich. \$2,500,000. For information call 219/291-9717 or write Joe Hickey, 1313 Erskine Manor Hill, South Bend, IN 46614. This is a first-time offering.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we're in our other office. Can be flexible with schedule. 708/963-0601.

Illinois medical practices for sale! No fees to buyers. For details on practices currently available, or to receive information on future opportunities, call 708/441-6111.

Two suites available (700 and 540 square feet), Elmhurst. Prominent near-hospital medical building perfect subspecialty location with established MD and DDS practitioners. Will decorate or renovate to your needs. Call 708/834-4155.

Physician wishes to purchase medical practice, any size, internal medicine or general practice. 312/764-7288 or 312/582-5959.

Bucktown 2240 N. Hamilton (2130W) three-bedroom, 2.5-bath, new construction, two-car attached garage, basement, deck, eat-in kitchen with patio, wbfsp, hwfl. Roberta L. Stevens, Rascon Realty, 312/943-9591.

Successful orthopedic surgery practice for sale in near west suburb. Owner retiring after 22 years. Practice gross production averaging \$305,000 last three years. Located in professional building with two exam rooms. Asking \$129,000. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Miscellaneous

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Physician Services can assist you with all your physician recruitment needs. Affordable, professional and experienced. Call: 708/541-9332.

with all the ho
In witness thereto
the twentieth day
hundred seventy-fiv



WE NEVER FORGET WE'RE DEFENDING A REPUTATION.

Years in the making, a reputation can be jeopardized in a moment. Your professional liability insurer should understand that the stakes in a suit include more than the protection of your financial assets.

The state's first, largest and most experienced physician-owned insurer understands. The Exchange aggressively resolves lawsuits brought against our policyholders. We are motivated by the long-term consequences on our physicians, and their lives.

Our policyholders have invested their lives in their profession. They know they can expect the Exchange to protect their investment.

ISMIE

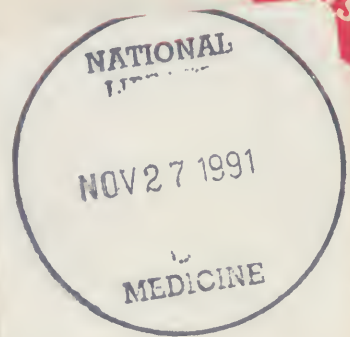
*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine

November 22, 1991

ILLINOIS STATE MEDICAL SOCIETY



Update on
practice parameters... 10

D.C. offers hope for Medicaid

by Tamara Strom

THE BUSH administration may be altering its once intransigent position that most state Medicaid provider assessment programs are "schemes" to capture matching dollars by taking advantage of a loophole in federal law, said Illinois' public aid director.

Rules governing Medicaid

matching dollars released Oct. 29 by the U.S. Health Care Financing Administration appear to invalidate Illinois' new provider assessment program. But according to Illinois Department of Public Aid Director Philip C. Bradley, the Bush administration now is "trading proposals" with National Governors' Association officials and talking about a legisla-

tive remedy.

"That's a vast change from where we were only a week ago," Bradley said, crediting the turnaround to "people like [Illinois Gov.] Jim Edgar ... who have worked hard to help providers by bringing in federal dollars."

In fact, Edgar spokesman Mike Lawrence Nov. 12 said, "There is major movement

(continued on page 15)

Cardinal Bernardin reflects on the Health Care Surrogate Act

by Tamara Strom

ILLINOIS' NEW HEALTH Care Surrogate Act is a law whose time has come, according to one of the nation's foremost spiritual leaders.

"People generally are demanding this kind of legislation," said Cardinal Joseph L. Bernardin, archbishop of Chicago, during a Nov. 4 interview. "Why? Because they are concerned. Technology and medicine have advanced to such a point that people are really afraid that what they might consider extraordinarily burdensome means might be used to keep them alive beyond the point where God would normally call them home. So they want to make sure that there is some way in which they can control what is done to them if they become terminally ill, or if they experience some extraordinary trauma in terms of their life or health."

Giving people that peace



Cardinal Joseph L. Bernardin

of mind, coupled with keeping the courts out of health care decision making, was a major impetus for the Roman Catholic Church's support of the Health Care Surrogate Act, Bernardin said. The Catholic Conference of Illinois, the policy-making arm of the archdiocese, along with the Illinois State Medical Society, was an integral member of the coal-

(continued on page 13)

Resident licensure process improves

by Janice Rosenberg

THIS YEAR'S 3½-month Illinois residency licensing period, although hectic, was much improved over that of the previous year, according to members of the Illinois Medical Licensing Board.

"The Illinois Department of Professional Regulation did better in 1991 than 1990," MLB member Arvind K. Goyal, M.D., told attendees of the Illinois State Medical Society's fourth annual residency program directors seminar Nov. 1. "Clean applications were



Luke L. Burchard, M.D., met with anti-smoking groups at the Daley Center in Chicago last month to protest tobacco company Philip Morris' sponsorship of the Bill of Rights tour around the United States. "Nicotina," a replica of the Statue of Liberty, is also touring the nation, as a symbol of Americans' enslavement and addiction to tobacco. Dr. Burchard is vice president of Doctors Ought to Care. ▲

processed in a timely manner, and notices of application deficiencies were received in a more timely fashion. But there is still room for improvement," he said.

The seminar, "Maximizing Licensing Outcomes for Your 1992 Residents," was

developed by the ISMS Council on Education and Manpower and held at the Westin O'Hare hotel in Rosemont. Attended by almost 100 residency program directors and administrators from all over Illinois, the

(continued on page 18)

IDPH releases HIV guidelines for women, newborns

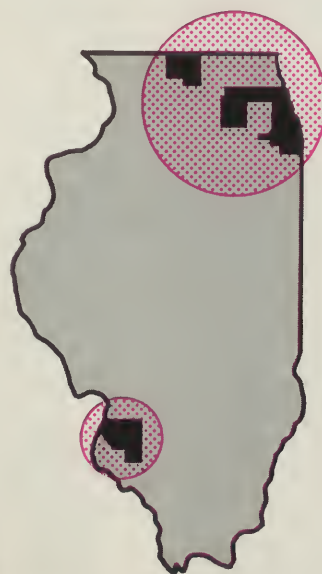
by Tamara Strom

THE ILLINOIS Department of Public Health Nov. 7 released new HIV testing and education recommendations for women and newborns. Ironically, the announcement came just hours before the nation's attention was focused on HIV by Los Angeles Lakers star Earvin "Magic" Johnson's acknowledgment that he tested positive for the virus.

"Scientific studies have found that screening a pregnant woman or her baby can be a valuable medical strategy," said John R. Lumpkin, M.D., IDPH director. "Early identification of HIV infection and treatment with drugs have been shown to delay the onset of AIDS and improve the quality of life of the mother and child."

Several months in the

(continued on page 17)



Illinois counties with high HIV prevalence

In this issue

News Briefs2

OIG combats deceptive advertising2

Smoking legislation roundup3

Case in Point explores meningitis claims7

Understanding the Data Bank8

Physician duties under Health Care Surrogate Act12

***** 3 DIGIT SCF 208
NATIONAL LIBRARY OF MEDICINE
SERIALS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

Illinois awarded federal mental health dollars

Illinois is one of eight states selected by the U.S. Department of Health and Human Services to provide community supported living arrangements for Medicaid clients with mental disabilities and related conditions. The other states eligible to provide services are California, Colorado, Florida, Maryland, Michigan, Rhode Island and Wisconsin.

"Our national goals regarding individuals with disabilities, such as mental retardation, are to assure equality of opportunity, full participation in the society, independent living and self-sufficiency," said Gail R. Wilensky, Ph.D., chief of the U.S. Health Care Financing Administration, the HHS agency that administers federal Medicaid programs.

As a program participant, Illinois is eligible for \$1.25 million in federal funds during fiscal 1992, \$2.5 million in fiscal 1993, \$3.75 million in 1994 and \$4.375 million in 1995. The funds will be used to create and foster community supported living arrangements in an effort to curb the historical isolation and segregation of people with disabilities, HCFA said. Illinois was selected from an applicant pool of 27 states to provide the living arrangements as an optional state plan service under Medicaid created in the Omnibus Reconciliation Act of 1990.

Caller ID with blocking approved

The Illinois Commerce Commission last month approved plans for telephone companies to offer their customers Caller ID capability only if they also allow callers to block their identities at no charge. Caller ID allows a person to see the phone number of an incoming caller before answering. The services will be available Jan. 1 through Illinois Bell and Centel.

The controversial plans drew the

attention of the medical community when physicians became concerned about privacy issues. Illinois State Medical Society Immediate Past President James H. Andersen, M.D., wrote the ICC to share physicians' concerns about their home telephone numbers becoming known to patients without their knowledge.

Many physicians return patient phone calls from their homes after hours, Dr. Andersen wrote, but do not always wish to share their home telephone number with patients. Most doctors retain an answering service to facilitate patients reaching their physicians in emergency situations, the letter continued.

Some earlier proposals recommended that callers who wanted to block their identities from being displayed would have to pay for that privilege. But the final rules voted by the commission require the telephone companies to offer free blocking for people who prefer that their numbers remain confidential.

SIU receives Alzheimer's grant

Southern Illinois University School of Medicine's Center for Alzheimer Disease and Related Disorders received an \$849,000 grant to support services offered at satellite clinics through the state. The award comes as health care providers around the nation are marking November as Alzheimer's Disease Awareness Month.

The four-year grant was awarded by the National Institute on Aging, which last named the SIU program a national center for Alzheimer's services. To date, 12 sites in Illinois have been chosen to receive money from the grant for clinical drug trials, patient assessments, continuing education and public forums. The twelve sites are Belleville, Decatur, Golconda, Greenville, Macomb, Mattoon, Olney, Peoria, Quincy, Rockford, Rock Island and Sesser. ▲

—Compiled by Tamara Strom



Jim Lago and Father Michael Place of the Catholic Conference of Illinois explain how the Illinois Health Care Surrogate Act eases health decision making for families and their health providers during an Oct. 30 conference. See story, page 12. ▲

OIG combats deceptive advertising; ABC may relax MD ad guidelines

by Anna Brown

AT THE SAME TIME the U.S. Office of Inspector General is toughening advertising rules to curb deceptive practices, a major television network may relax long-standing advertising guidelines barring physicians from endorsing medical products on the air.

Effective Aug. 28, the OIG implemented a rule authorizing civil monetary penalties for deceptive use of certain words, letters, symbols or emblems associated with the U.S. Department of Health and Human Services' Social Security and Medicare programs. Maximum penalties for use of the terms "Social Security," "Social Security Account," "Social Security Administration," "Social Security System," "Medicare" and "Health Care Financing Administration," including any acronyms or symbols associated with these terms, will be \$5,000 for each print violation and \$25,000 for each broadcast violation. Total penalties may not exceed \$100,000 per year.

"Initially there would be a warning to someone not being very egregious," said Judy Holtz, spokesman for the OIG. "We would warn first-time offenders to cease and desist, and inform them of the federal law."

Holtz said investigation of deceptive use of the listed terms would be handled by the OIG, U.S. Postal Service, Treasury Department and Social Security Administration. "There are a number of groups in the practice of using envelopes similar to those used by the federal government," she said, noting that most violations are mail fraud. Previously the only authorities regulating deceptive use of these terms and other fraudulent practices were postal inspectors and the Federal Communications Commission, and

HHS had no recourse but to refer such cases for criminal prosecution, she said.

Most complaints come in through the national hot line for reporting fraud or abuse against any of the HHS programs, Holtz said. Others come from competitors, beneficiaries or through the mail, after which they are investigated.

Criteria for the penalties listed in the Aug. 28, 1991, *Federal Register* depend on the nature of the solicitation and the degree of deception, the frequency and scope of the violation, efforts to include a disclaimer, the prior history of the organization and its willingness to reverse the damage, and actual harm to the public.

Physicians who advertise true statements, such as "accepts Medicare assignment," will not be found in violation of the rule, according to the *Federal Register*. It also states that if the banned terms are used, "the use of a disclaimer may constitute a mitigating factor under the regulations." However, "The mere use of a disclaimer itself ... would not automatically absolve an individual or entity from violation of this statute."

ABC considers standards change

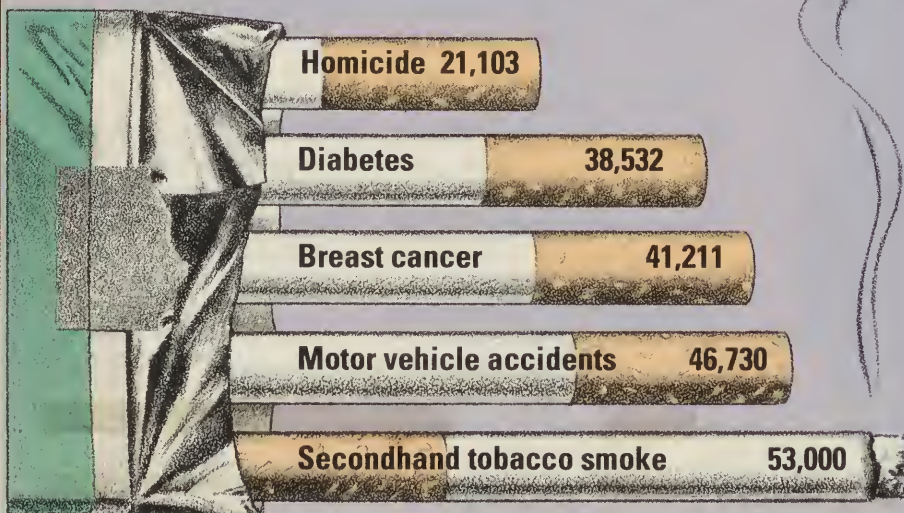
But as the OIG cracks down on the use of deceptive terms, the American Broadcasting Co. is planning to revise its advertising guidelines, significantly relaxing standards in place since the 1950s. ABC officials said the network is in the process of evaluating changes to the guidelines, and those changes have been submitted to advertisers and their agencies for comment. They said no changes would be made to the current guidelines until the evaluations are complete.

(continued on page 17)

Physician Facts

Secondhand smoke deaths in the U.S.

Studies suggest that 53,000 Americans die each year from exposure to secondhand smoke. Below, how secondhand smoke compares to some other major causes of death in the United States:



Source: The American Lung Association, 1991.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Some smoking legislation still causing controversy

by Anna Brown

In anticipation of this year's Great American Smokeout Nov. 21, Illinois Medicine conducted an informal survey of smoking legislation across the state.

SMOKING-RELATED legislation still is causing controversy in Illinois, even as municipalities enact their own ordinances to supplement the state's Clean Indoor Air Act of 1990.

The Chicago Lung Association and other non-profit health organizations are up in arms over a new law that prohibits employers from refusing to hire or fire individuals because of their use of lawful products, including tobacco, off premises during non-working hours.

The Illinois Right to Privacy Act, H.B. 1533, which received final passage Nov. 11, stipulates that no employer may discriminate against an employee's use of a lawful product unless it impairs the ability to perform duties, or if the employer is a non-profit organization that discourages the use of a lawful product.

"The Chicago Lung Association fought the idea that smoking could be elevated to civil rights protection," said Janet Williams, CLA director of communications. "This law perverts civil rights issues."

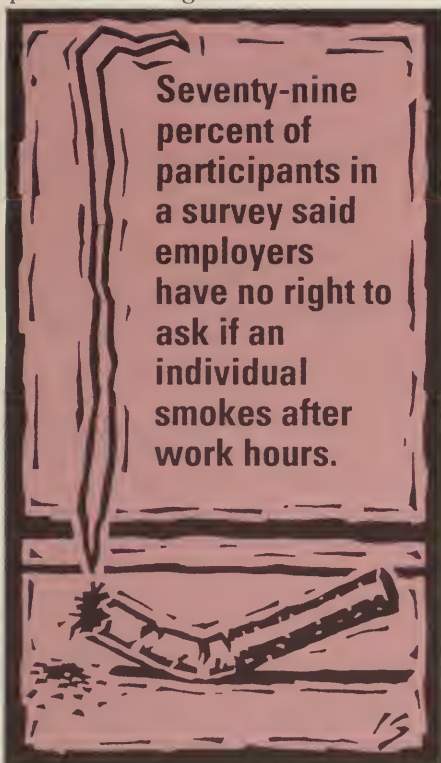


Illustration: Ken Simpson

The association fought the bill because it believes characteristics that are not one's choice, such as disabilities, should be protected by law, but not activities one elects to engage in, such as smoking, she said. "Companies should be allowed to hire all non-smokers if they wish," she said.

John O'Connell, attorney and lobbyist for the Tobacco Labor Movement Committee, said similar legislation has passed or is pending in 23 states. "The bill was written by the committee, which is a combination of unions dependent on the tobacco industry," he said. "The legislation emanated from a situation in Indiana two years ago where a woman was terminated from her job for smoking at home. The health industry takes it as a sanctioning of smoking, but it's hardly that, it's a matter of privacy."

The bill was sponsored in the Illinois House by Rep. Alfred G. Ronan (D-Chicago). A Ronan spokesman

cited an Illinois Public Action and National Consumer League poll of last July that said 79 percent of those responding believe that employers have no right to ask if an individual smokes after work hours.

According to Williams, the new law could challenge the Illinois Clean Indoor Air Act. "If employees feel they are being discriminated against because they cannot smoke on the job, this could lead to litigation," she said.

Commenting on the provision allowing non-profit organizations not to hire employees because of their use of lawful products, Williams said, "This is merely a bone the tobacco

industry thought would satisfy us."

"Rep. Ronan pushed for this bill and believed in it," said his spokesman. "A non-profit organization such as the Chicago Lung Association should have every right to ask that their employees don't smoke, if it is part of their philosophy. But a for-profit employer should not have the right to pose such restrictions on potential employees."

Warning to pregnant women

Meanwhile, Gov. Jim Edgar recently signed the Cigarette Health Warning Act, S.B. 784, requiring that signs warning pregnant women of the hazards of smoking be displayed near

cigarette vending machines and retail counters that sell cigarettes. The signs must read: "Surgeon General's Warning: Smoking by pregnant women may result in fetal injury, premature birth and low birth weight."

"We all know the detrimental affects of secondhand cigarette smoke," said Sen. John P. Daley (D-Chicago), who sponsored the legislation. "The required sign makes it abundantly clear that cigarette smoking can be harmful to unborn children. I believe this law can help create a healthier environment for both mother and child."

(continued on page 17)

Blue Cross Blue Shield



REPORT

FOR Illinois Physicians

CERTIFICATE OF MEDICAL NECESSITY (CMN)

The Health Care Financing Administration (HCFA) has advised that the Implementation Date for the Certificate of Medical Necessity (CMN) Requirement has been changed from October 1, 1991 to December 1, 1991. The implementation date is based on date of service NOT date of receipt. The Implementation of Physician Completion of the CMN for Durable Medical Equipment, in accordance with section 4152 of OBRA '90 includes the following:

- o Verbal orders are not consistent with previous Medicare Carrier Manual (MCM) instructions and are not acceptable.
- o To reiterate a longstanding HCFA policy because the beneficiary's physician is most familiar with the beneficiary's medical needs, it is the physician who is responsible for providing carriers with the documentation of medical necessity.

PRO REVIEW ELIMINATED - EXCEPT CATARACT ASSISTS

Crescent Counties Foundation for Medical Care, the Peer Review Organization (PRO) for Illinois, was instructed by the HCFA to "cease pre-admission/pre-procedure review for selected procedures previously required." This order applies only to 10 procedures previously reviewed by the PRO.

Under the HCFA order, the last day Treatment Authorization Numbers were generated for the PRO pre-admission program was September 30, 1991.

The HCFA will continue to require PRO pre-certification for assistants at cataract surgery as the cataract assist review program will continue unchanged.

Physicians requiring a physician assistant during cataract surgery will be required to request approval prior to the patient's admission. Post-admission, post-procedure requests for physician assistants will not be processed. If an emergency arises during the procedure necessitating use of an assistant, the PRO will make a determination about the medical necessity on a prepayment, post-procedure basis. The need for an assistant will be based on the complicating medical condition of the patient.

The following CPT-4 codes identify the procedures for which a physician assistant may be medically necessary:

66852 66920 66940 66984 66985

Medicare has determined that an assistant at surgery is not medically necessary for any other lens extraction procedure.

(11/22/91)

Editorial

Paying for prevention

It's coming. There's no avoiding the wave of change that is destined to overtake health care in this country. Health care has moved from being a topic of conversation at sophisticated political dinners to an issue of crushing urgency at the state and federal levels. According to Illinois State Medical Society representatives who recently attended a round of meetings in Washington, D.C., health care reform is one of the top five issues facing this country.

We've already seen proposals surface in response to this issue. In Illinois, the very active and very vocal proponents of a single-payer "universal" health care system brought the issue to the General Assembly last year. Other measures being considered across the country include the Oregon plan of "rational" rationing and federal proposals for Canadian- and German-style systems.

A common factor in all the proposals cited above is coverage of preventive health measures. This is one area where dental plans have had it over medicine for years. In the traditional dental indemnity plan, coverage for preventive services (checkups, fluoride, sealants for youngsters' molars) is covered at 100 percent. Coverage for problems of middling severity (some fillings, mild gum disease – the so-called restorative work) is covered at 75 percent.

The treatment of disease and conditions that suffer from failing to be cared for in a timely manner – dentures being the most drastic example dentistry can offer – are covered at only 50 percent – or less.

The value, obviously, is in regular, preventive care. The best return for your money lies in attaining and keeping a healthy mouth.

Now compare that to Great Britain, where only 10 years ago a common bridal shower gift was a set of dentures. The prevailing attitude was that a dentist was someone you saw if you had a great deal of dental pain; teeth were not expected to last and dentures were inevitable for anyone over the age of 50. Presenting the bride with the opportunity to have her remaining teeth extracted and replaced in time for the wedding photos was considered a truly thoughtful gift.

Our point is this: Any meaningful reform of the health care delivery, financing and access systems should focus on prevention. Why?

Because it costs less to provide 10 or 12 or even 15 prenatal checkups than it costs to save one dangerously underweight premature baby.

Because it costs less to take one 50-year-old man through stress testing, diet counseling and regular checkups to monitor the effects of high blood pressure medication than it costs to save his life in mid-MI in the emergency room, and to get him past the critical stage by monitoring him for 48 or 72 hours in the ICU.

Because some experts estimate that 80 percent of this country's health problems are caused or exacerbated by one of five harmful habits: smoking, poor diet, illicit drug and alcohol abuse, sexual promiscuity and obesity. The cost of changing those behaviors is infinitesimal compared to the cost of treating the illnesses they engender.

Another form of prevention is this: We live in one of the world's most violent societies. Trauma is the most expensive disease our system treats, whether it's gang warfare, drunk driving, domestic violence, drug-related deaths, homicides or injuries. And it requires the most expensive care our health care system provides: emergency room care.

No one is saying that prevention is easy. Slogans, from "Buckle up baby" to "Just say no" aren't enough. But maybe it's time to put some of our money where our mouth is, to borrow from the dental model and put some teeth in preventive medicine.

Prevention works. And it's cost-effective. These are the lessons we have to learn from dentistry. These are the lessons that should be applied to any change in the American health care delivery system. ▲

Illinois Medicine

VOLUME 3, NUMBER 22

NOVEMBER 22, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

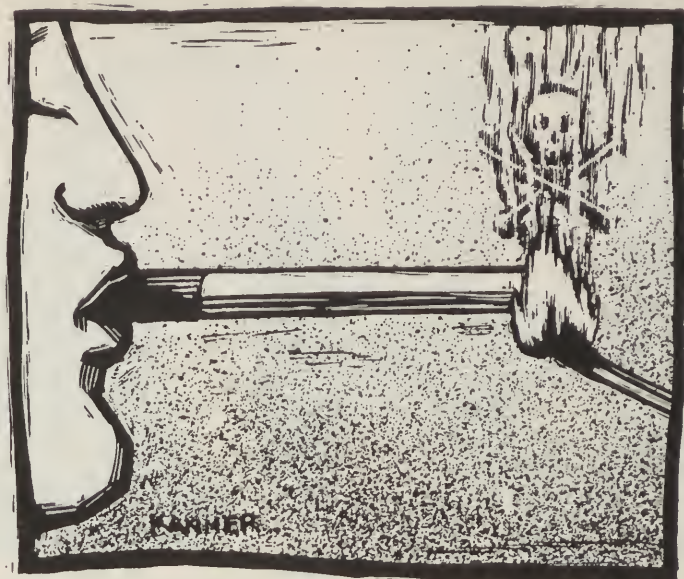
Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15 W. 700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.



Copyright, 1988, Catherine Kanner. Distributed by Los Angeles Times Syndicate

President's Column

Assignment: Washington, D.C.



Robert M. Reardon, M.D.

It was my privilege to travel, on your behalf, to Washington, D.C., in the first stage of the Illinois State Medical Society's Washington presence program. Dr. George Wilkins Jr., the chairman of the ISMS Board of Trustees; Dr. Harold Jensen, chairman of the Exchange Board of Governors; Dr. Arvind Goyal, ISMS president-elect; and I were ably assisted by former Gov. James R. Thompson and ISMS/ISMIS Chief Executive Officer Alexander R. Lerner as we met with a series of federal leaders in the executive and legislative branches.

Our goal was to introduce Illinois physicians' concerns and perspectives to the Washington decision makers who will be addressing fundamental national reform in the health care delivery and financing arena in the very near future.

Our purpose was as much to learn as it was to teach, and I'd like to share with you what we learned.

Lesson No. 1 – Concern over this country's current health care situation ranges across party lines. Thus, any health care reform will be a bipartisan effort. We learned it's politically naive to think that any one party has all the answers to the problems facing medicine.

Lesson No. 2 – Health care is one of the top five issues facing this country today. During 1992, a presidential election year, expect to see this issue move front and center in the domestic agenda debate. The special senatorial election in Pennsylvania proved this point. Despite his impressive Washington credentials and history of public service, Dick Thornburgh, the Republican candidate, lost the election, largely as a result of his opponent's focus on domestic issues, especially health care.

Lesson No. 3 – While this country's health care problem can't be solved by simply throwing dollars at it, any meaningful reform of the system will cost money. Reform means creating access for people who are not now adequately served by the current system. And no matter how you cut it, increasing access means

increasing costs.

Lesson No. 4 – Our current legislative awareness efforts work. It was extremely gratifying to hear Rep. Richard J. Durbin (D-Springfield) cite his eye-opening experiences as a participant in the Sangamon County mini-internship program last year. Durbin remembered in detail several vivid examples that illustrate the problems medicine faces. And he recalled by name Dr. and Mrs. Marion S. Panepinto, the physician family who introduced him, firsthand, to health care in Illinois.

But I think the lasting picture I will take with me of our Washington visit came late one night, after the Illinois contingent finished a working dinner with Reps. Thomas W. Ewing (R-Pontiac) and J. Dennis Hastert (R-Yorkville). I watched them leave our dinner meeting at 10:30 p.m. and start back to the Capitol – back to work. They were at the House, voting, until 2:30 in the morning. The next day, they headed back to Illinois to their constituents.

That may be the most valuable lesson we took from our Washington visit: The decision makers in Washington are professionals, just like us. We're not the only ones who work late – and we aren't the only ones who work hard to represent the people who depend on us. The people who turn to us are called patients – the people who turn to them are called voters.

But patients and voters are one and the same. So we must stress to both our patients and our legislative contacts that health care is a spiral of three elements: cost, quality and access. You cannot tamper with one without affecting the others. ▲

Robert M. Reardon, M.D.
President

Guest Editorial

Health Care Surrogate Act helps the physician, too



by Saul J. Morse

With the enactment this year of legislation to permit surrogate decision-making on life-sustaining measures for patients who have not otherwise given direction to physicians and family, Illinois has moved to the forefront in the attempt to address this most difficult situation. While recognizing that some, both within and without the medical community, might not support the concept of an individual's right to refuse certain medical procedures, the legislation is widely viewed as beneficial to those patients and families confronted with these stressful decisions.

It is important for physicians to understand the need to question patients or family members about the existence of a living will, durable power of attorney for health care, or other such indication of the patient's preference. Where such a document exists, it should be prominently noted in the medical record and reviewed by all within the medical team. Some patients may direct that certain life-sustaining procedures not be continued, while others will direct that they not stop.

In any situation in which it is appropriate for a patient to make a determination as to his or her health care, the desires of the patient must be considered.

Physicians should also understand the obligation of health providers to seek out the identity of appropriate surrogates and to explain to them, as they would to the patient, the medical options available. Immunity exists for physicians acting appropriately in supplying information to a surrogate necessary for the decision-making process. A physician may act in reliance on the surrogate's decision without worry of added litigation.

Effective Dec. 1, federal law will buttress this effort to ease these most difficult situations by requiring hospitals, skilled nursing facilities, home health agencies and hospice programs to advise patients of their rights to make determinations as to their health care, and explain to them their options to execute a living will or durable power of attorney for health care. Hopefully, the growing acceptance of the importance of this issue will result in fewer people needing to rely upon the Health Care Surrogate Act.

However, as recent litigation in both state and federal courts has

shown, steps that can ease this agonizing process for patients will be beneficial for many and will, in the long run, assist the physician in acting as a patient's advocate and in providing the best care. ▲

Mr. Morse provides legal counsel for the Illinois State Medical Society.



"Can They Take Care of Everything?"



DMH has our area's only comprehensive cancer program — everything from research, education and screening for early detection to treatment and support.

When one of your patients requires cancer treatment, you can feel confident they'll receive the best care at Decatur

Memorial Hospital's Cancer Care Institute. Our comprehensive program applies a multi-disciplinary approach.

It includes diagnostic capability, advanced technology and nationally affiliated research. You can rely on more than 20 years of expertise.

Call the DMH Cancer Care Institute. Because now is not the time to take chances.

Call: 217-877-8144 ext. 2380

Monday - Friday, 8 a.m. - 5 p.m.

Because now is not the time to take chances.

dmh **CANCER CARE INSTITUTESM**

Serving the region for more than 20 years.

a service of
Decatur Memorial Hospital
2300 North Edward Street
Decatur, Illinois 62526



The recommended starting dose for Calan SR is 180 mg once daily. Dose titration will be required in some patients to achieve blood pressure control.

A lower initial starting dosage of 120 mg/day may be warranted in some patients (eg, the elderly, patients of small stature).

Constipation, which is easily managed in most patients, is the most commonly reported side effect of Calan SR.

BRIEF SUMMARY

Contraindications: Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digitoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

4/11/91 • P91CA6143V

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

SEARLE G.D. Searle & Co.
Box 5110, Chicago, IL 60680

A91CA6148T

When diet and exercise alone are not enough...



ONCE DAILY 180mg Calan SR (verapamil HCl) 180 mg SUSTAINED-RELEASE CAPLETS

A MILD START IN MILD HYPERTENSION

© 1991, G.D. Searle & Co.

CASE in POINT

A regular feature using hypothetical case histories to illustrate loss prevention maxims.

by Carol Brierly Golin

Case #1

Presenting complaint and initial diagnosis – A mother called her child's pediatrician late on a Friday afternoon to report that her 4½-week-old son had a fever, runny nose and some chest congestion. The physician prescribed acetaminophen and advised the woman to bring the infant to the office on Monday if he had not improved. When the mother did so, the physician examined the infant, diagnosed tonsillitis and prescribed penicillin.

The case in brief – Two days later, the infant's temperature was 104.6 degrees, and he was irritable, not eating and lethargic. The parents took him to an emergency room, where he was diagnosed with meningitis and treatment was immediately initiated. The child recovered, but now has cerebral palsy and hemiparesis and is experiencing developmental difficulties.

The resulting claim – The parents sued the pediatrician for failure to diagnose meningitis, which led to the child's current condition.

The outcome of the claim – The case was settled for \$1.2 million.

Case #2

Presenting complaint and initial diagnosis – A 14-month-old boy was brought to a pediatrician by his mother, who said he had been running a high fever and had a cold. The physician examined the child, diagnosed otitis media and prescribed an antibiotic.

The case in brief – Two days later, alarmed because the child was still sick and crying unceasingly, the parents took him to a hospital emergency room. A hospital physician examined the child and blood work revealed an elevated white cell count. The hospital physician advised the parents to continue the child on the prescribed antibiotic and to take him to the pediatrician the next day. When the pediatrician saw him again, the child's fever was down. The pediatrician told the parents to continue the child on the medication. The next day, the child experienced a seizure and the parents brought him back to the pediatrician. At this point, the physician suspected meningitis, hospitalized the child and began treatment.

The resulting claim – The child recovered, but is deaf and mentally impaired. The parents sued both the pediatrician and the hospital for failure to diagnose, failure to perform appropriate tests and delay in treatment. In their brief, the parents also said the pediatrician had failed to heed their repeated protests that the child was extremely ill.

The outcome of the claim – The hospital settled for \$375,000, but the pediatrician admitted no liability and the case went to trial. A jury awarded the parents \$750,000.

Case #3

Presenting complaint and initial diagnosis – An 18-year-old college student became ill with flu-like symptoms. The college nurse referred her to a local family physician for treatment. He saw the woman on the same day, told her, "There was flu going around," and recommended use of aspirin and other cold medications.

The case in brief – The next day the student's roommate, alarmed because the woman seemed disoriented and severely ill, contacted the physician. He advised that the woman be taken to the hospital emergency room, where appropriate tests could be performed. A lumbar tap and blood and urine tests were performed, confirming meningitis. The woman's condition deteriorated rapidly and she died.

The resulting claim – The parents sued for failure to diagnose and failure to treat aggressively, resulting in wrongful death.

The outcome of the claim – The physician settled for \$600,000.

The points these cases make – Meningitis still claims its victims, which most frequently are infants and small children, although young adults sometimes contract the disease. "The outcomes can be severe – brain damage, deafness and other residual problems," notes Jere E. Freidheim, M.D., a Chicago pediatrician who chairs the Illinois State Medical Inter-Insurance Exchange Risk Management Committee.

Liability can be crushing for a physician who fails to promptly diagnose and treat meningitis. In Illinois and around the nation, recent awards and settlements have ranged from \$400,000 up to nearly \$5 million.

Diagnosis is not always easy, Dr. Freidheim says, because many other common conditions can mask meningitis or are a precursor to it.

A 1986 task force report on diagnosis and treatment of meningitis by the American Academy of Pediatrics said: "Prompt diagnosis and aggressive management are the goals, but early signs of meningitis are often subtle and nonspecific and, therefore, may be recognized only in retrospect. The physician must identify among the many febrile children seen every day in office practice – most of whom have spontaneously resolving illnesses usually caused by viruses – the few children who have serious bacterial infection requiring early intervention."

The AAP noted that the highest age-specific attack rates for bacterial meningitis (other than in the newborn period) occur between 3 and 8 months of age. The incidence remains high up to 2 years of age. Thereafter, incidence of acute meningitis decreases.

"Basically, it is a judgment call," says Dr. Freidheim. However, he suggests, "Any time a physician is seeing an infant with fever in the first three months of life, meningitis should be a differential diagnosis."

"Failure to diagnose can happen because meningitis doesn't have to have an explosive start," Dr. Freidheim continues. "It can start like any other respiratory infection, and other common conditions can obscure its presence."

Physicians should be alert to the liability problems associated with meningitis. Exchange advisers suggest that certain symptoms in infants and young patients should serve as "red flags" that should, in certain instances, trigger further tests to rule out meningitis. In babies and small children, these red flags may include unexplained fever, lethargy, respiratory distress, jaundice, disinterest in feeding, photophobia, ataxia, and/or vomiting and diarrhea. Some children become irritable, seem mentally confused, have poor muscle tone or a stiff neck; others may have a petechial or purpuric rash. High-pitched cries in infants sometimes are another sign. A bulging fontanel should heighten the degree of suspicion of meningitis in infants. Patients old enough to tell a physician their symptoms complain of severe headaches in addition to some of the above symptoms.

"Meningitis doesn't have to have an explosive start. It can start like any other respiratory infection, and other common conditions can obscure its presence."

— Jere E. Freidheim, M.D.

The confirming test for meningitis is a lumbar tap. Blood, urine and other tests also are important in identifying offending organisms that may be involved.

"Any time a physician is in doubt about the possibility of meningitis in a child or adult, a lumbar tap should be done," says Dr. Freidheim. "The patient should also be automatically placed on antibiotic treatment for the three days necessary to allow a culture to grow and be assessed. If the results are positive for meningitis, then you have already been treating the patient for three days."

"When a baby has a fever and doesn't look like it is doing well, that is sufficient reason to order a spinal tap, blood cultures and to do an aggressive work-up," continues Dr. Freidheim. "Babies are likely to have had bacterial infection for several days before showing signs of full-blown infection. Bacteria can steal in through their ears, nose and throat before moving into the central nervous system."

Once meningitis is diagnosed, appropriate antimicrobial agents should be immediately initiated. "The first three or four days of treatment are critical because complications of septicemia and meningitis occur most frequently at that time," according to a 1986 AAP report.

Even with speedy diagnosis and aggressive treatment, there will be morbidity and mortality, which could put a physician at risk of a suit despite his or her best clinical efforts and acumen. In the three previous examples, which were synthesized from actual cases, there were several factors that made the suits difficult or impossible to defend:

- In Case No. 1, the physician should not have waited over a weekend to see a neonate with a fever of unexplained origin.

- "Any infant with an unexplained fever who appears ill should be seen. The doctor then will make a decision whether or not an aggressive work-up, including a lumbar tap, blood culture and CBC is needed," says Dr. Freidheim.

- A vital communications error occurred in Case No. 2 that further delayed diagnosis. The hospital ER physician did not inform the treating physician about the elevated white blood cell count. That information might have spurred the physician to diagnose the meningitis. The mother insisted in her deposition that she told the doctor about the test results, but that he had not paid attention to her. She also complained that the doctor shrugged off her repeated expressions of concern about how sick her baby was. Anger often is a precipitating factor in bringing a malpractice suit. Further compounding the difficulties of the defense, the physician said he had checked for a bulging fontanel and found none, but he did not note any findings ruling out meningitis in his records.

- In Case No. 3, the physician made a judgment call that the student had a self-limiting viral infection. He was wrong. When she became very sick, he did order appropriate tests and diagnosed meningitis.

"The kind of meningitis a teenager gets can be more deadly," Dr. Freidheim says. "There is a longer lag time for meningitis in babies, but there is no time cushion with older children in whom the disease develops rapidly. So a physician needs to move faster with older children for whom meningitis is a possibility."

Fortunately, says Dr. Freidheim, a vaccine is available to protect against one type of meningitis, that caused by *Hemophilus influenzae*. (According to AAP, *H influenzae* type B, *N meningitidis*, and *S pneumoniae* are responsible for the majority of meningitides in children.) Although use of the vaccine is not yet mandatory, it is becoming widely accepted. It can be administered along with the other childhood immunizations starting at 2 to 4 months of age. "It is a vaccine that works against this deadly disease and it is virtually without side effects," Dr. Freidheim says. ▲

Carol Brierly Golin is publisher of Medical Liability Monitor.

Understanding the Data Bank: New reporting policy aids physicians

by Anna Brown

POLICYHOLDER REQUESTS led the Illinois State Medical Inter-Insurance Exchange to institute a new procedure designed to make reporting to the National Practitioner Data Bank less ominous for physicians. The procedure allows physicians the opportunity to review their reports before they are submitted. Previously, physicians were sent a copy of their report at the same time it was submitted to the Data Bank.

"The Exchange's new reporting procedure should help ease physicians' minds about the information

we are submitting to the National Practitioner Data Bank," said Harold L. Jensen, M.D., chairman of the Exchange Board of Governors. "In this manner, the Exchange and physicians can work together to provide accurate claim information when a payment has been made."

Federal law requires that entities such as insurance companies making payments on behalf of physicians must report specific information about the case to the Data Bank within 30 days of the payment. However, reports will only be generated if an exchange of money – a settlement or judgment – occurs.

"Reports to the Data Bank have been objectionable to physicians since it began collecting reports last year," said Dr. Jensen. "But physicians should remember not to 'shoot the messenger,' their medical malpractice insurers, who are required to report any claims to the Data Bank for which payments have been made."

The Exchange has also lengthened claims descriptions to include more specific information about the claim. Previously, the Exchange used only a small portion of the 600-character description field on the reporting form. The lengthier claim descrip-

tion was developed in response to the number of changes physicians were making to the reports. Consequently, future descriptions will contain a more detailed statement of the circumstances surrounding the claim.

"Our goal is to provide more detail to the traditionally brief and cryptic listings, including the circumstances leading to the claim," said Dr. Jensen.

At the Exchange, the generating of Data Bank and Illinois Department of Professional Regulation reports is triggered by the issuance of an indemnity check. The Exchange now completes reports within five business days, down from 10 calendar days. The policyholder relations department forwards the report to the physician, who has five business days to respond by letter, fax or telephone. The physician may request additions or changes, but prior to

Tapes outline wa

by Anna Brown

IT CAN HAPPEN to you. Perhaps you never thought you would be threatened with a malpractice suit. Or maybe the stress of a lawsuit is impacting you and your family. The Illinois State Medical Inter-Insurance Exchange risk management department encourages physicians to take advantage of a variety of resources on understanding and avoiding the malpractice litigation process. Videotapes detailing a suit from deposition to trial, risk management practices for the office and hospital, and how to cope with the emotional ramifications of being sued are available to physicians and can be borrowed from the Exchange for 14 days at no charge.


"The Physician Defendant: Your Deposition," and "The Physician Defendant: Your Trial" explain and dramatize the first steps of the litigation process leading to the trial itself. They are designed to instruct a physician on how to prepare to testify as a defendant.

The use of expert witnesses is a key part of any malpractice trial. "The Role of the Expert Witness" dramatizes the importance of this function, explaining what may be expected from a physician who serves as an expert.

In "Anatomy of a Malpractice Claim," the process of resolving a medical malpractice claim is re-enacted. The tape demonstrates how the Exchange, the defense attorney and the physician defendant work together to investigate a claim, and describes events that could lead to preventable malpractice litigation.

"Anatomy of a Malpractice Trial" uses videotaped scenes from the mock trial presented at the 1987 Illinois State Medical Society All-Member Conference to analyze defense and plaintiff strategies in a trial. Professional attorneys explain this final step in resolving a claim, and also explore the way a jury reaches a decision.




**MEDICAL
COLLEGE
OF WISCONSIN**

More than 500 physician specialists
working in partnership with area physicians.
1-800-472-3660

Medical College of Wisconsin physicians primarily practice at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin

Children's Hospital of Wisconsin

Curative Rehabilitation Center

Froedtert Memorial Lutheran Hospital

Medical College of Wisconsin

Milwaukee County Medical Complex

Milwaukee County Mental Health Complex

Transforming medical research and knowledge into new ways to care for patients.

amending the report, the request must be reviewed and agreed to by the professional liability analyst working on the case. If no response is received from the physician, the report will be submitted to the Data Bank unamended.

"We will continue to respond to change requests after the report is filed," said Dr. Jensen, "but this new procedure should reduce the number of late changes, thereby diminishing physicians' confusion and concern."

The Exchange and all other reporting entities are required to report specific information to the Data Bank. This includes personal information such as name, address and hospital affiliation; date and amount of the indemnity payment; description of acts or omissions, which includes the injuries or illnesses that triggered the claim; and description of the total amount of the judgment or settlement. Data Bank reports may not be accessed for information until 30 days after submission. Amendments may still be made after

the report is filed.

All information submitted to the Data Bank is confidential, and any person violating the confidentiality rule may be fined up to \$10,000 for each violation.

Hospitals may request information as they deem necessary, but are required to do so when screening applicants for a medical staff appointment or for granting clinical privileges. They must also request information at least every two years for the entire medical staff and those granted clinical privileges. Other health care entities may request information when screening applicants for a medical staff appointment or granting clinical privileges, and in support of professional review activity.

"The law requires that we must report payments.

We're trying to make this as painless as possible for our policyholders."

— Harold L. Jensen, M.D.

State medical and dental boards may request information as they deem necessary, and professional societies may request information when screening applicants for membership or affiliation, and in support

of professional review activity. In addition, individual physicians and dentists may request information regarding their own files. Medical malpractice insurers, however, may not request information from the Data Bank.

All third-party disclosures of individual files are recorded by HHS, and physicians can examine these records.

"Our company is well aware that a malpractice settlement or jury award does not mean the physician practiced bad medicine," said Dr. Jensen. "However, the law requires that we must report payments. We're trying to make this as painless as possible for our policyholders." ▲

reduce risk

Avoiding malpractice litigation is the focus of "Managing Your Risk in the Office/at the Hospital." Improving communication and management practices often can have a major impact on decreasing liability exposure. The tape addresses such topics as record keeping practices, informed consent, billing/collection procedures, communication techniques, scheduling, test-tracking procedures, referrals and consultations. This tape is recommended for both physicians and office staff, and is offered as part of a self-study program for six hours of American Medical Association/Physician Recognition Award Category I CME credit.

Being sued affects physicians and their families. The emotional ramifications can be devastating, but the Exchange has resources to help, including "The Malpractice Suit: A Survival Guide for Physicians and Their Families" (Eidetics, Inc.). This tape assists physicians and their families in coping with the stress of malpractice litigation.

A kit of helpful information is also available from the Exchange to help physicians cope with and even avoid malpractice suits. Included in the kit is "Message to the Physician Defendant from the Physician Support Group," a 10-minute audiotape providing advice to physicians involved in malpractice suits for the first time, and describing the support group's functions.

Brochures describing the Physician Assistance Program are also available. They describe the free, confidential services for ISMS members and their families who are having personal problems with alcoholism, drug abuse, mental illness, senility, sexual misconduct or the daily stress of medical practice.

To borrow a videotape, or to obtain other resources, contact the Exchange risk management department at (800) 782-ISMS or (312) 782-2749. ▲

Don't Gamble With Your Medical Benefits



Choose The PBT Office Benefits Program For Your Group Practice

With our Major Medical Plan, you and your employees can choose your own doctors. There's no pre-approvals or second opinions required. And we never interfere with your prescribed course of treatment. Our experienced staff knows how to meet the needs of physicians and group practices.

In addition to Major Medical, your group practice can select Dental, Disability, Life and Dependent Life coverages.

Play it safe with your medical society's own program. After all, the odds are in your favor when it's just what the doctors ordered! Call or write for details.

(800) 621-0748
(312) 559-9130

Please send information about the **PBT Office Benefits Program**.

Coverage includes
Major Medical

Options:

- ☐ Dental
☐ Disability
☐ Life
☐ Dependent Life

Office Manager/Contact Person: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Total Number of Physicians & Staff: _____

Mail to: Physicians' Benefits Trust
222 South Riverside Plaza, Suite 2360
Chicago, IL 60606

ISMS

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust

sponsored by Chicago Medical Society
& Illinois State Medical Society

Attributes to guide the development of practice parameters

- Attribute I: Practice parameters should be developed by or in conjunction with physician organizations.
- Attribute II: Reliable methodologies that integrate relevant research findings and appropriate clinical expertise should be used to develop practice parameters.
- Attribute III: Practice parameters should be as comprehensive and specific as possible.
- Attribute IV: Practice parameters should be based on current information.
- Attribute V: Practice parameters should be widely disseminated. ▲

Source: American Medical Association/Specialty Society Practice Parameters Partnership, April 1990.

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

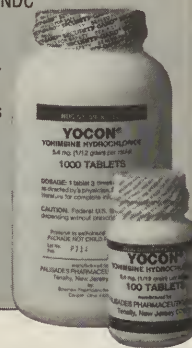
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Practice parameters expanding

Physicians should monitor rapidly changing guidelines

by Stacie Crozier

PRACTICE PARAMETERS — a hot topic in medicine today — have been around for more than a half century. But the flood of practice parameters being developed by a number of physician organizations in the last decade is spurring intense interest in the health care community.

What will increasing numbers of practice parameters in many medical fields mean to the practicing physician? How will they affect patient care, the physician-patient relationship and professional liability?

"An important thing to remember is that practice parameters are continually modified and updated," says John F. Schneider, M.D., Illinois State Medical Society Third District trustee and consultant to the ISMS Council on Economics. "They are codified guidelines of the best in present medical knowledge and clinical skill."

"The rapid increase in the number of practice parameters and the variety of clinical areas they address has brought the topic to the forefront of the medical profession," says John T. Kelly, M.D., director of the American Medical Association Office of Quality Assurance.

"Practice parameters will provide a foundation for the review criteria used by reviewing organizations," says Dr. Kelly. "Without this foundation, review criteria are often developed arbitrarily, without adequate input from physician organizations and the physicians whose practices will be reviewed. In addition, all too often, the review criteria are kept secret from physicians. Practice parameters will provide a way to rationalize review activities and make reviewers accountable for their findings."

The AMA sees the guidelines as a positive foundation to help guide clinical practice, Dr. Kelly adds. The AMA House of Delegates this year adopted a resolution in support of "efforts to assure that physician organizations maintain direct involvement in and oversight of the development of practice parameters." The resolution strongly encourages "research and demonstration projects to evaluate the use of practice parameters to enhance patient care," adding that "organized medicine [should] be responsible" for their implementation.

The AMA-sponsored Practice Parameters Partnership of 15 medical organizations and the Practice Parameters Forum coordinate the efforts to keep organized medicine the leader in developing, evaluating and disseminating practice parameters. Participants include more than 80 different physician organizations, including the Illinois State Medical Society.

The 1991 ISMS House of Delegates adopted a resolution recognizing "that when properly developed by physicians, practice parameters may promote quality patient care." The resolution also directs ISMS to inform members about the concept and content of practice parameters,

and urges physician participation in continued evaluation that will promote improved patient care.

The resolution also calls for ISMS participation in the Practice Parameters Forum "as well as [taking] advantage of any other opportunities to explore, evaluate and monitor practice parameters."

Evaluation important

With more than 1,300 practice parameters now available and about 200 others currently under development, how can a physician evaluate a specific practice parameter?

The AMA's Practice Parameters Partnership and Forum have identified five specific attributes for development and evaluation of the guidelines, says Dr. Kelly, who coordinates the Forum. The attributes are designed to ensure that parameters are scientifically sound, clinically relevant and applicable to everyday practice. (See box, above left.)

"Know which organization produced the practice parameter, and understand how they developed their recommendations."

—John T. Kelly, M.D.

"Know which organization produced the practice parameter," recommends Dr. Kelly. "And understand how they developed their recommendations."

The real issue is how the guidelines are developed, Dr. Schneider says. "Properly developed practice parameters are compiled using extensive scientific literature, clinical experience and the input of the groups who will be using them."

The AMA offers a variety of reference materials, including a directory of practice parameters; a manual outlining the five attributes; a quarterly practice parameters update; and booklets addressing the legal implications for physicians, medical societies and other concerned groups.

"An especially important area that will feel the impact of practice parameters will be physician education," says Dr. Kelly. "It is often impossible for practicing physicians to keep up-to-date with the medical literature. And different articles often conflict with one another. New medical knowledge is becoming available all the time."

"Medical organizations developing practice parameters will evaluate the available scientific literature and use the clinical experience of their

members in preparing their recommendations," he adds. "Practice parameters will be an increasingly important tool in the continuing education efforts of physicians."

Though some physicians may be concerned about a potential decrease in their autonomy, or interference in the physician-patient relationship, Dr. Kelly notes that the guidelines can provide "welcome guidance on how to care for specific patients based on scientifically sound, clinically correct recommendations. Practice parameters can be an asset in patient management."

"We realize that every patient is unique," he continues. "Physicians will still have the responsibility to tailor care to meet individual patient needs. Practice parameters will not

replace individual clinical judgment."

Noting that there is a "tremendous range" in the nature of guidelines, Dr. Schneider says the bottom line is still "physicians making individual decisions about individual patients."

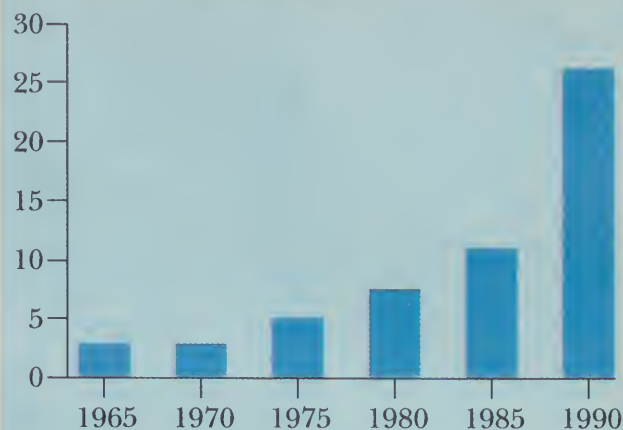
"There are the more standard kinds of practice parameters," he says, citing influenza immunizations as an example. "Maybe your patient is 65 years old and doesn't want the immunization. In that case, the physician should explain the benefits and the risks and then take into consideration the patient's desires."

After an extensive legal evaluation, Dr. Kelly says, the AMA has determined that the development of practice parameters should not increase physicians' liability exposure and al-

ready existing risks, and in many areas may reduce them.

"It is certainly better for physicians to know in advance the consensus of the profession regarding the management of specific clinical problems," Dr. Kelly says, "than to have self-designated 'experts' come along several years later and say that they would have managed a patient differently." ▲

Physician organizations producing practice parameters



Source: Joint Commission on Accreditation of Healthcare Organizations, 1990.

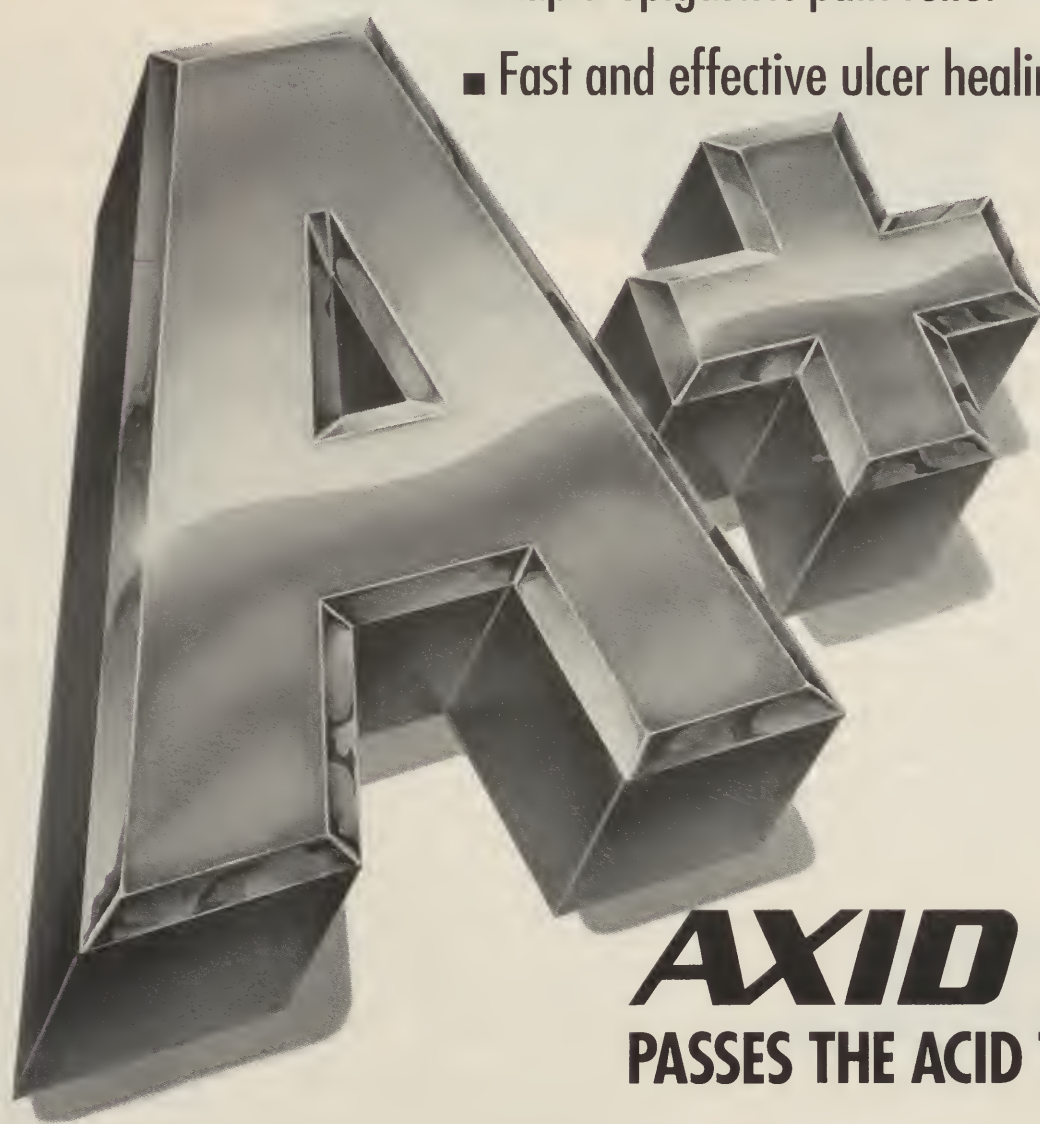
For excellent response in the treatment of duodenal ulcers...

AXID[®] nizatidine

has the right answers

■ Rapid epigastric pain relief^{1,2*}

■ Fast and effective ulcer healing^{2,3,4}



AXID

PASSES THE ACID TEST

*Most patients experience pain relief with the first dose.

See adjacent page for references and brief summary of prescribing information.

NZ-2943-B-149347

© 1991, ELI LILLY AND COMPANY

AXID[®] (nizatidine capsules)

Brief Summary. Consult the package insert for complete prescribing information.
Indications and Usage: 1. *Active duodenal ulcer*—for up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix[®] may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chloridazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a 2-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spinal bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established. **Use in Elderly Patients**—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L). The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since market introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic injury with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

PV 2091 AMP
[091190]

References

1. Data on file, Lilly Research Laboratories.
2. *Scand J Gastroenterol*. 1987;22(suppl 136):61-70.
3. *Scand J Gastroenterol*. 1987;22(suppl 136):47-55.
4. *Am J Gastroenterol*. 1989;84:769-774.

NZ-2943-B-149347

Additional information available to the profession on request.



Eli Lilly and Company
Indianapolis, Indiana
46285

Physicians learn realities of Health Care Surrogate Act

by Tamara Strom

PHYSICIANS HAVE VERY specific responsibilities under the new Illinois Health Care Surrogate Act. And these duties must be fulfilled to facilitate decisions that are in the best interest of patients without decisional capacity and to ensure immunity from liability, according to Saul J. Morse, Illinois State Medical Society legal counsel.

"The Act requires physicians to perform certain actions in order to properly implement the private decision-making process that is provided for in the Act," Morse told a group of health care providers during an

Oct. 30 seminar sponsored by the Chicago law firm Mayer, Brown & Platt and the Catholic Conference of Illinois.

"In general, the physician responsible for the patient's care or the attending physician must make two threshold determinations in order for this entire process to be activated," Morse explained. "The attending physician, with a reasonable degree of medical certainty, must decide that the patient lacks the understanding and ability necessary to make and communicate decisions to forgo life-sustaining treatment. The physician also must determine that the patient suffers from one of the

three qualifying conditions – [terminal illness where death is imminent, permanent unconsciousness, or an incurable or irreversible condition for which further treatment provides only minimal medical benefit]."

These determinations must then be confirmed by another physician who has seen the patient, Morse said. It is critical that these two independent determinations of the patient's condition be documented in the medical record, he stressed. "Most of this is something that I believe the majority of physicians will not find overly troubling," he said. "Let's face it. They do this every day in their practice of treating individu-

als, and that has not changed."

Morse said much of the physician's role in the process laid out in the Act will evolve and change over time, possibly being done in the future by other health care professionals, such as hospital admitting staff. But the determination of the patient's condition is the one area firmly entrenched in the realm of physician responsibility, he noted.

Under the Act, physicians are responsible for determining if the patient has signed an advance directive. This process will become easier for physicians once the federal Patient Self-Determination Act goes into effect Dec. 1, Morse said. The Act requires health care facilities to ask patients on admission whether they have executed an advance directive document and to explain the patient's options for completing a living will or durable power of attorney for health care.

"Presumably, there will be someone, other than the physician within a hospital or a long-term care setting charged with working with the patient or the patient's family to make sure that they are aware of their rights under the [living will and durable power of attorney statutes]," Morse said. "So to the extent that that is a responsibility of physicians, it is something which likely in truth will be done by others, and the physician will be able to rely on looking at charts to determine whether [the surrogate act] does or does not apply."

"Physicians are given protection for the compliance with the wishes of the surrogate – nothing more, nothing less."

— Saul J. Morse

Morse said physicians should understand that in the face of a patient-executed advance directive, the Health Care Surrogate Act does not apply. But if the patient has not made his or her wishes known and has a qualifying condition, the physician is responsible for securing a surrogate for the patient.

In acknowledging legislators' concerns about non-family members too frequently being chosen as surrogates, the law sets a hierarchy of possible surrogates. Physicians are to make a "reasonable inquiry" to identify the appropriate person to serve as the surrogate in the highest priority, he said. Once the surrogate is identified, that person's name, address and phone number must be noted in the patient records.

"If time allows, physicians should try to bring the surrogate into the process as much as possible, both to make sure that they deal with this very difficult time in the most caring and sensitive way possible, but also to minimize future liability problems, minimize division within families and friends, and, in truth, to continue what is likely to be a griev-

(continued on next page)



Enhancing The Quality of Life Worldwide

Upjohn is a company with a century-old commitment to enhancing the quality of life throughout the world. We believe that the discovery and development of innovative new products is the way to achieve that goal. We seek fresh scientific knowledge and put it to effective, practical use in the fields of human pharmaceuticals, pharmaceutical and specialty chemicals, animal pharmaceuticals, and vegetable and agronomic seeds.

Upjohn

Helping People Lead Healthier Lives.

Cardinal Bernardin

(continued from page 1)

tion that created and helped pass the Act.

"We felt that it was very important to become involved in this to make sure that certain moral and ethical values would be incorporated into the legislation," the cardinal explained, "because we're talking not only about medicine or law, we're also talking about life – moral and ethical norms have to be taken into account in decisions such as this. So, we were acknowledging a reality: That society is demanding that there be some kind of legislation of this nature."

Bernardin said he and other church officials "felt they should enter the public discussion" and try to influence legislative language so it would be within "ethical and moral bounds." He said the church supported the legislation because it is somewhat limited in the actions it allows surrogates to take on behalf of terminally ill or injured patients who lack decision-making capability.

The law permits decisions regarding a patient's medical care, including the forgoing of life-sustaining treatments, to be made for a patient by a health care surrogate. The legislation prescribes a strict, step-by-step process for determining the patient's condition and identifying the surrogate.

"I think that this legislation, as I have studied it, takes into account the conditions that must be present



Photos: Terry Vitacco

Cardinal Bernardin said the surrogate act puts health care decisions in the hands of those most able to make them.

if what is done is to be considered ethically and morally good," he said. "For example, you can only use this surrogate act if [patients] have certain kinds of illnesses – a terminal illness, in a permanent state of unconsciousness, or what they call the incurable or irreversible condition."

Some opponents of the legislation contend the Act extends to patients with Alzheimer's disease, AIDS and multiple sclerosis, but the cardinal disputes that argument, saying the legislation is much narrower. This last point is particularly important, Bernardin said, because he also supported the legislation as a means to curb what he terms growing support

for euthanasia in our society. Referring to the failed Nov. 5 referendum in Washington state that would have legalized physician-assisted suicide, Bernardin said he believes support for euthanasia legislation is resulting from "galloping technology."

Euthanasia, he said, is "deliberately taking the life of someone because you feel that person would be better off out of the pain or misery that he or she is experiencing."

"Even though some people have referred to [the Act] as a euthanasia law, one of the purposes of it is to create an environment in which people will not be tempted to think euthanasia is a solution," he said. "We are firmly convinced that euthanasia is morally wrong, that we do not have the right to take our own life or the lives of others simply because of illness or other reasons of that nature. At the same time, however, our moral tradition has taught us that we do not have to use every possible means to keep a person alive."

He explained that people have a moral obligation to invoke all "ordinary means" available to sustain life, but they are not duty-bound to use "extraordinary means" to prolong life where no hope exists. But, he said, the yardstick determining ordinary and extraordinary measures differs from person to person. Basically, an individual has the right to refuse medical treatment that is "excessively burdensome or futile," the cardinal noted, including forgoing artificial nutrition and hydration, which is permitted under the Act.

Bernardin stressed that forgoing treatment is "quite different from saying the intent of what I'm going to do or what I'm going to fail to do, is to kill someone," as it is with euthanasia.

Family, physicians, clergy most appropriate decision makers

The legislation puts difficult health care decisions in the hands of those people who are in the best position to know what the patient would have wanted, Bernardin noted. If the patient is unable to make decisions for himself or herself, "Is it not better that these decisions be made by the person's family, doctor, clergy person, rather than having the court de-

cide?" he asked.

"There will be times when it would be necessary for the court to intervene, but the court should not be the ordinary agency that makes such a decision," he said. "We can talk about principles, guidelines, norms, but then you really have to make a decision based on the facts as they exist in each particular case. It's precisely for that reason that it's better to have people who are familiar with the case, and who have a real interest in the person, make the decisions."

Both the cardinal and the conference have been criticized for their active roles in pushing the legislation, Bernardin said. "They say all kinds of dire things are going to happen as a result of this

Act," he noted. "But we will monitor it. At this point we think the legislation is a good piece of legislation, otherwise we would not have supported it. But if indeed this gives rise to [unforeseen] misunderstandings, misinterpretations or certain consequences that we would consider to be unethical or immoral, then we would certainly speak very loudly and clearly about the need for amending the legislation."

"Even though some people have referred to [the Act] as a euthanasia law, one of the purposes of it is to create an environment in which people will not be tempted to think euthanasia is a solution."

—Cardinal Joseph L. Bernardin

The cardinal has addressed the Catholic Conference's Pro-Life Department and has spoken or written to many individuals with concerns about the legislation. Some have changed their minds after hearing the church's rationale for supporting the measure, he said, while others remain staunchly committed to their beliefs that individuals must do everything possible to sustain life.

"I respect the people who disagree with this," Bernardin said. "They are very much committed to life. Their big concern is that when you start developing legislation like this, you put yourself on a slippery slope; that if you allow this, the next thing you know you'll be allowing something else. And I have to say that is a danger that we have to be careful about. And that's why I say if we begin to see certain results in the implementation of this Act that would not be considered ethically or morally sound, then we would be the first to blow the whistle." ▲

Surrogate

(continued from previous page)

ing process," Morse explained.

After the physician identifies the surrogate, he or she must inform the patient that a surrogate has been appointed and that the surrogate may be making life-sustaining decisions because the person lacks decisional capacity. Morse said some may think this is a pointless task, but he noted this step was designed as a safeguard in case the patient may understand what is happening around them after all.

He said this process can be done in two stages: First, informing the patient a determination has been made that they lack decision-making capacity, and then in a separate step telling them who has been appointed as a surrogate. This gives the patient every opportunity to interject that they can in fact make their own decisions. Therefore, the law states, if at any point the patient objects, the process stops immediately. In all likelihood, Morse said, the case would probably have to be referred to the courts for an impartial weighing of the evidence.

"This again is something that came directly from members of the legislature," he said. "While legislative bodies are falling into some well-deserved disrepute lately, I have to say that on this particular issue, those who became actively involved participated from a real perceived under-

standing of the significance of the legislation and the difficulties of the issue with which they were dealing."

Surrogate becomes the patient

Morse said it's important for physicians to view the surrogate as they would the patient. Surrogates acquire all of the patient's rights to informed consent and access to medical records. "Physicians not only can tell the surrogate everything about the patient's condition, but indeed they must," he said.

In addition, physicians must carry out the surrogate's decision promptly and document the decisions and actions taken in the medical record. All entries to the chart regarding the surrogacy must be witnessed and signed, Morse said.

Despite these requirements, physicians are not forced to carry out the surrogate's decisions if those decisions conflict with their own personal beliefs, views or conscience, he said. The physician may transfer the patient to another doctor so the surrogate's instructions can be followed.

Morse said it is important to note, though, that physicians are only protected from civil liability under the Act if they comply with the tenets of the legislation. "Physicians are given protection for the compliance with the wishes of the surrogate – nothing more, nothing less," he said, adding the immunity provision does not cover quality of care. ▲

Illinois Medicine asked physicians at the Illinois State Medical Inter-Insurance Exchange risk management cancer diagnosis seminars:

Are today's patients more aware of the dangers of smoking?



George J. Hrycelak, M.D.
General surgery
Chicago

More patients are asking for help to stop smoking. A lot have stopped already. That's quite noticeable. With hospitals and medical offices becoming smoke-free areas, it's very obvious that people are becoming less and less interested in smoking.



Raymond J. Romanus, M.D.
General surgery
Frankfort

We've noticed a decrease in the amount of smoking, but unfortunately the high school kids are smoking. I don't think anyone's doing much with them.



Eric D. Lopatin, M.D.
Family practice
Troy

Patients are just as resistant as they ever have been to giving up smoking.



Willard C. Scrivner, M.D.
Obstetrics and gynecology
Belleville

They are responding increasingly well. Men are responding more readily than young women, though.

*Interviews by Anna Brown
and James B. Haverstick*

*Photos by Michael Candee
and Maureen Houston*

PEDIATRICS

Marshfield Clinic, a 400 physician multispecialty group practice, is seeking BE/BC pediatricians to join expanding regional centers in **Chippewa Falls** and **Rice Lake**, Wisconsin. These are beautiful, wooded Wisconsin areas with an abundance of lakes, rivers and streams. Both communities offer a thriving economic environment, clean air, low crime, excellent schools and exceptional four season recreation. **Chippewa Falls** is a community of 22,000 with 8-10,000 permanent residents living around adjacent Lake Wissota. It borders Eau Claire, Wisconsin, a city of nearly 80,000 which includes a major campus of the University of Wisconsin. **Rice Lake** is a lakeside community of 8,500 people. In addition to excellent primary and secondary schools, both public and parochial, educational opportunities include a U.W. Center and V.T.A.E. campus. Both opportunities have beautiful new Clinic Buildings situated adjacent to comparably modern and progressive hospitals. In addition to their many local resources, the nearby proximity of major metropolitan areas (ie: 1 1/2 hours from Minneapolis/St. Paul) provides a catalog of readily accessible cultural activities, shopping, fine dining and professional spectator sports. Each opportunity has its own special qualities with more attractive features relative to individual needs and preferences. Emphasis on life-style and quality practice is combined with a guaranteed salary and outstanding fringe benefit package. If this combination of professional excellence and life-style made possible through the backup resources of a leading medical center in conjunction with the uncommon, varied beauty of Wisconsin's land and lakes sounds interesting to you, please send C.V. and references to:

David L. Draves
Director Regional Development
1000 North Oak Avenue
Marshfield, Wisconsin, 54449
or call 1-800-826-2345, extension 5376



Marshfield Clinic

FROM THE ILLINOIS NEWS DEPARTMENT OF PROFESSIONAL REGULATION

*This information
is reprinted from
the Illinois
Department of
Professional
Regulation's
(IDPR)
monthly
disciplinary
report. IDPR is
solely responsible
for its content.*

JULY 1991

Paul Venizelos, West Lake, Ohio – physician and surgeon license placed on probation until June 16, 1994 after he was convicted of a felony in the State of Ohio.

Scott D. Rutchik, Bronx, New York – physician and surgeon temporary license has been issued and placed on probation after he was convicted of a felony in 1984.

AUGUST 1991

Richard H. Ng, Oak Brook – physician and surgeon license placed on probation for two years and he was fined \$20,000 after he submitted 95 claims to the Illinois Department of Public Aid for services he did not render.

Kastytis A. Lucas, Chicago – physician and surgeon license placed on probation for one year after he failed to provide medical records to a patient upon request.

Mark H. Fish, East Moline – physician and surgeon license suspended indefinitely for a minimum of two years after he pleaded guilty to Medicaid Fraud.

Sung Taek Suh, Orland Park – physician and surgeon license placed on probation for two years after he prescribed controlled substances for nontherapeutic reasons.

Jay Kent Baron, Pasadena, Texas – physician and surgeon license suspended indefinitely for a minimum of five years after the Texas State Board of Medical Examiners disciplined his license for failing to provide acceptable medical treatment to a patient consistent with public health and welfare.

Thomas Daniel Dwyer, Waialua, Hawaii – physician and surgeon license placed on probation until 1995 and his controlled substances license revoked after he was disciplined by the State of Utah.

James S. Hastie, Goodlettsville, Tennessee – physician and surgeon license placed on probation for two years after he was disciplined by the Tennessee Department of Health and Environment for the improper prescribing of controlled substances.

SEPTEMBER 1991

Frank R. Richmond, Jr., Fort Madison Iowa – physician and surgeon license suspended indefinitely after he improperly and excessively prescribed controlled substances.

Anthony Cuva, Bradenton, Florida – physician and surgeon license restored and placed on probation for two years after his license with the State of Florida was disciplined.

toward an agreement between the Bush administration and the nation's governors." He said the White House is even "taking another look" at the HCFA rules released less than a month ago.

"If an agreement goes through there would have to be some changes in those proposed rules," Lawrence said, adding that the governor is "optimistic" that some agreement will be reached that would "preserve the thrust of the Illinois program."

Bradley predicted that he and other state public aid directors will not know the fate of their provider assessment programs until Congress recesses for the winter break.

"I'm optimistic that there will remain in place some kind of program that will allow the states to match federal Medicaid dollars," Bradley said. "We're expecting a law to be passed in the next three to four weeks that would make provider assessment programs legal. I'm very optimistic there will be a congressional solution to this problem."

Bradley said IDPA and the governor's office are supporting a bill introduced by U.S. Rep. Henry A. Waxman (D-Calif.) that would put a moratorium on federal rule making for assessment programs, keeping them legal. Only a few weeks ago, congressional intervention – without White House support – seemed the only way Illinois and 37 other states would retain the flexibility to use federal Medicaid matching dollars to keep their public aid budgets afloat. While some state programs might meet the stringent requirements outlined in the new HCFA rules, Illinois' programs clearly would not.

"What is quite clear, however, is that the rules released by HCFA are not the final word on Medicaid assessments," Bradley said. "It's also clear that people in Washington now are very concerned about the nation's domestic agenda and health care issues are No. 1 on that agenda. I think we're benefiting from that intensified interest."

IDPA already has collected \$54 million of the \$66 million it billed Illinois health care facilities for the first quarter of the fiscal year. Some providers have filed for extensions with the state to defer their assessment payments due to cash flow problems or poor financial status, he said. Assessments are calculated using a complex formula based on the providers' Medicaid revenues.

Bradley said that IDPA "just got a call from the feds" indicating the government's commitment to match the \$54 million already collected. Illinois will see federal matching dollars for at least the first six months of fiscal 1992, he said.

"That's over \$300 million that we wouldn't have had otherwise," the director said. "I'm relatively confident that we'll receive matching funds for the full fiscal year; that's \$600 million more that we would have had [without the assessment program]."

Bradley said the new increased provider rates for Illinois' program went into effect July 1 and the system is "on-line and operating." Regardless of the outcome of the negotiations in Washington, the program

Members in the News

by Anna Brown

Steven J. Stryker, M.D., of Chicago, has been named an associate editor of *Surgery, Gynecology & Obstetrics*, an official scientific journal of the American College of Surgeons. Dr. Stryker – a general, colon and rectal surgeon – is an assistant professor of clinical surgery at Northwestern University Medical School, and is on staff at Northwestern Memorial Hospital, Columbus Hospital and Children's Memorial Hospital. He is the

is legal until Dec. 31, he said, adding, "We'll have to wait and see" what is going to happen after Jan. 1, 1992.

Illinois program will still need changes

When, and if, Congress conjures a legislative remedy to save provider-specific assessment programs, Bradley said, some work will have to be done to fix the Illinois program. The General Assembly and the state's provider community will have to agree on making the necessary changes for Illinois' program to comply with the federal requirements that are ultimately enacted, he noted. "I think the legislature will be dealing with this issue in the spring session," he predicted.

But if Congress and the governors' association are unsuccessful in their quest to save Medicaid matching programs, and the HCFA rules are allowed to stand as released, Illinois' assessment program would cease after Jan. 1. "The law adopted by the General Assembly putting the assessment program in place clearly says that if the money is unmatchable, the program and the new rates go away," Bradley said. "Hospitals and nursing homes in the aggregate would have [to absorb rate cuts of] 5 percent less than what was in last year's budget."

Physicians already have faced the 5 percent rate cuts called for in the budget approved by Illinois lawmakers. IDPH currently is in the beginning steps of formulating the fiscal 1993 budget, but, "We're a long way away from determining what the governor will put in next year's budget," Bradley said, about the prospects for physician rate increases. He indicated it would be "premature" to speculate about what the physician rates might be for next year.

"Personally, I'm very aware physicians are hurting," Bradley said. "We know physicians are the entry point and linchpin to the health care delivery system, and that ensuring access is directly linked to the rates we're able to pay. We're very sensitive to rate issues. We understand it's a difficult time for physicians, especially with the low rates and slow pay. We do think we are making progress on the slow pay."

Bradley acknowledged, however, that the department has heard "anecdotally" about some Illinois physicians who have decided not to accept new Medicaid patients. "We regret it, but we understand it," he said. "We're particularly grateful to those who are sticking with the programs and continue to serve our clients." ▲

publication's first new associate editor in more than 20 years.

Roy Lacey, D.O., of Chicago, was appointed to the Board of Directors of the Governors State University Foundation, which makes decisions on outside funding for the university. Dr. Lacey is a clinical assistant professor of preventive medicine and community health at the University of Illinois College of Medicine, and is the regional medical director for General Motors Corp. He received his medical degree from the Chicago College of Osteopathic Medicine.

Gov. Jim Edgar recently announced the appointments of **Eloy**

Moscosco, M.D., and **Biswamay Ray, M.D.**, both of Oak Brook, and **Boyd E. McCracken, M.D.**, of Greenville, to the Illinois State Medical Disciplinary Board. **Kenneth D. Schmidt, M.D.**, of Riverwoods, was named a member of the Medical Center Commission.

Lee H. Becker, M.D., of Chicago, joined Illinois Masonic Medical Center as director of inpatient psychiatric services. Dr. Becker is a clinical assistant professor of psychiatry at Loyola University School of Medicine. He received his medical degree from the University of Illinois School of Medicine. ▲

*Why does
JACKSON &
COKER
recruit more
physicians
each year
than any other
company?*

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.

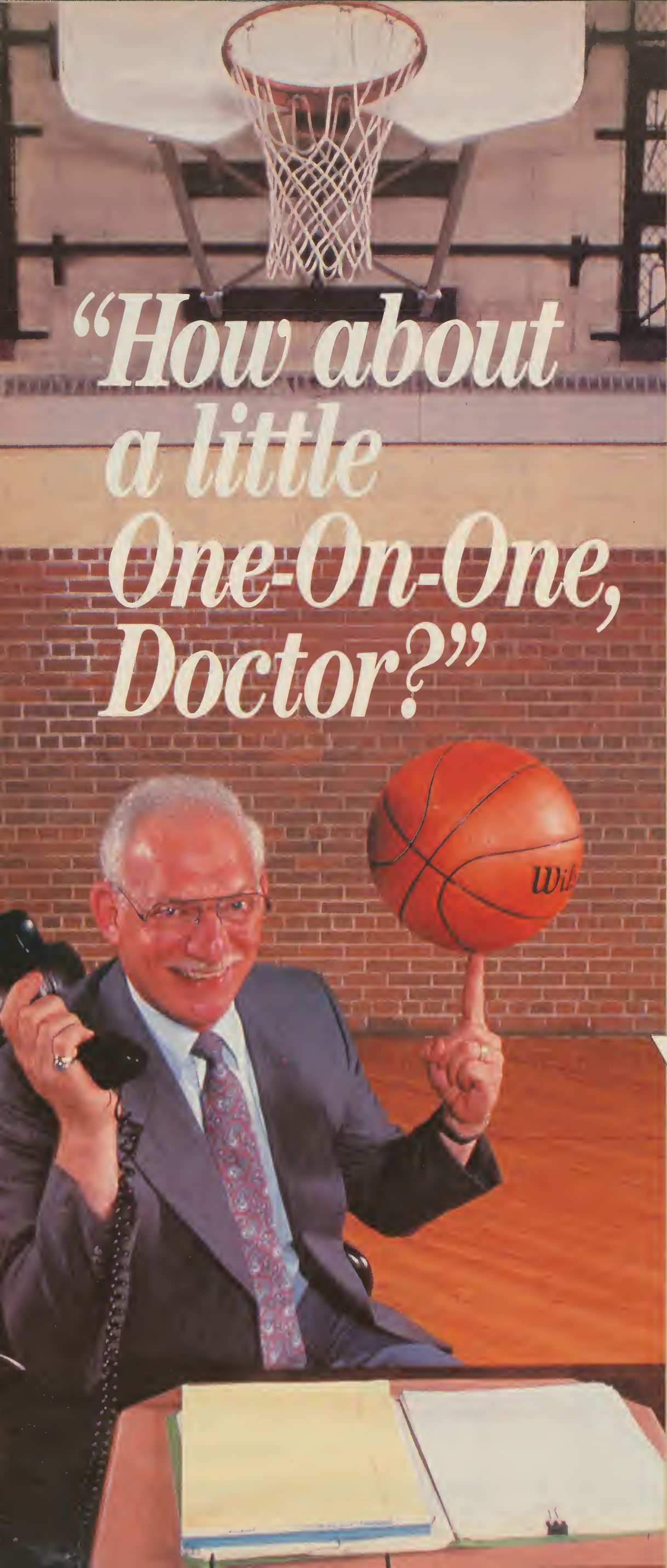


**JACKSON
& COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



“How about a little One-On-One, Doctor?”

Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,100 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go “one-on-one” with the president of any other insurance carrier. Then call Henry.

P.S.—We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195
Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

making, the recommendations call on physicians and other health care providers to educate all women of childbearing age about HIV infection and AIDS. Specifically, physicians should inform their patients how HIV is transmitted; what protection can be taken to avoid transmission; and the mechanisms for HIV transmission between a mother and her baby, including breastfeeding. Doctors also should inform their patients about the availability of confidential HIV testing and counseling, IDPH said.

Physicians practicing in IDPH-identified "high prevalence" areas for HIV infection or intravenous drug use should meet individually with women to educate them about the virus and recommend HIV screening, Dr. Lumpkin said. IDPH "strongly encourages" that all pregnant women living in any of Illinois' four high prevalence counties – Cook, Winnebago, Kane and St. Clair – be counseled and tested for HIV before their babies are born. Even if a woman refuses HIV testing, her newborn should be tested, IDPH said. Dr. Lumpkin stressed, however, that all testing for HIV should be vol-

untary and performed with appropriate informed consent.

He noted that physicians practicing in areas adjacent to high-prevalence areas who may treat patients living in the four counties also should recommend HIV counseling and testing for their patients.

The high prevalence counties were identified through newborn seroprevalence studies conducted by the U.S. Centers for Disease Control and IDPH during the past three years. Overall, nine out of every 10,000 babies born in Illinois test positive for HIV, the studies showed. Of the 129 HIV-positive babies found during the three-year studies, 108 were in Cook County. In addition, of Illinois' total 7,204 reported HIV infections, 1,376 were among women and 202 were among children, according to end-of-October statistics.

The new screening guidelines are important because more than 80 percent of children with AIDS nationwide became infected during gestation or delivery, IDPH said. If infection continues at current rates, AIDS will become one of the five leading causes of death among women of childbearing age.

Screening is good prenatal care
"Quality prenatal care depends on complete information about the

health of the expectant mother, and that includes her HIV status," said Arvind K. Goyal, M.D., a Chicago family physician and president-elect of the Illinois State Medical Society. "Most physicians treating women who are pregnant, or are considering getting pregnant, already recommend an HIV test where it is medically indicated. If a patient wants the test, a physician will order it and offer counseling about the ramifications of a positive result."

Dr. Goyal said physicians will be comfortable with the new IDPH guidelines because they conform with existing medical practice norms in Illinois. "Most physicians already obtain a thorough medical history that automatically identifies those patients who are at high risk for HIV," he said. "In those cases, physicians would of course be expected to use their medical judgment to determine whether testing is necessary."

HIV education, testing and counseling should be routine aspects of "early and continuous prenatal care," according to the IDPH recommendations. For women who do not receive HIV education or testing prior to the birth of a child, those services should be made available to them at delivery, IDPH said.

"The availability of services in Illinois for HIV-infected persons is by

no means complete," Dr. Lumpkin said. "Existing primary care providers, such as family practitioners, obstetricians, gynecologists, and pediatric and perinatal units, are encouraged to develop plans to care for HIV-infected persons."

IDPH recommends appropriate medical follow-up, including psychological and social services, for HIV-infected mothers and babies. Medical personnel should closely monitor babies born to HIV-infected mothers for any HIV-related symptoms or infections, IDPH said.

Illinois family physicians, obstetricians and gynecologists can expect a letter from IDPH, along with a copy of the recommendations, soon. ▲

Advertising
(continued from page 2)

According to the office of Illinois Attorney General Roland W. Burris, the proposed changes include lifting a ban on physicians or actors portraying physicians endorsing medical products, and showing medications being taken during commercials. Burris and 13 other state attorneys general wrote to ABC President Daniel Burke asking him to uphold the current stricter guidelines.

In the letter, the attorneys general state that, "lifting the ban on doctors ... endorsing medical products presents a clear opportunity to inflict serious injury on the American public." It cites the traditional trust Americans place in the medical profession – and their assumption that doctors do not lie – heightening the potential for misrepresentation.

Burris said ABC's proposed revision of advertising standards would open the doors to many types of advertisements now banned. "The issue we're essentially raising about the revised guidelines is one of truth and fairness in television advertising," he said, expressing concern that other networks might follow suit in relaxing advertising guidelines.

ABC contends that the changes would affect only a small percentage of the guidelines currently in force.

"What the attorneys general are saying with this letter is that we, in effect, share a partnership with the networks in protecting consumers from deceptive advertising," Burris said. "Every ad the networks reject under their advertising guidelines is potentially one less consumer fraud case we would have to investigate."

Burris is leading the multi-state effort with attorneys general from California, Texas, Nevada, Arizona, Pennsylvania, Idaho, Wisconsin, Ohio, Washington, Oregon, Oklahoma, Utah and Virginia. ▲

Smoking
(continued from page 3)

Vending machine ordinance
The city of Chicago passed an ordinance last Jan. 11 sponsored by Ald. Edward Burke (14th), City Council Finance Committee chairman, prohibiting cigarette vending machines in public areas except for taverns and tavern areas in restaurants. The ordinance took effect March 1, but was not strictly enforced until July 1 to coincide with the expiration of vending machine contracts.

"The ordinance was aimed at restricting the sale of cigarettes to minors," said Dennis McSweeney, staff aide to Burke. The original proposal called for raising the smoking age to 19 and banning all billboard advertising for tobacco products in the city, he said. Burke removed the billboard requirement from the original ordinance and introduced a subsequent ordinance with the raised-age requirement that was changed on the City Council floor.

"Ald. Burke was concerned about the loss of revenue from cigarette vending machine sales, so the price of retail tobacco licenses was raised from \$108 to \$150," said McSweeney. "The Chicago Department of Revenue reported more than an offset for the loss of revenue, taking in \$175,000 from tobacco licensing." The department reported increased over-the-counter sales, he said.

Statewide compliance
Cities throughout Illinois are reporting compliance with the Illinois Clean Indoor Air Act of 1990. Officials in Springfield, Champaign, Carbondale, Rock Island and Rockford report that restricting smoking in public buildings, or allowing designated smoking areas, has not been difficult.

"We haven't noticed any violations during normal working hours," said Carbondale city attorney Michael

Wepsiec. "There was a great fear that people would file complaints against smoking in public buildings, but so far there have been no prosecutions in Jackson County."

The city of Springfield has adopted rules to implement the state law, but has not drafted any new ordinances on smoking, said Jim Zerkle, Springfield corporate counsel.

Last month the city of Rockford passed a strict ordinance prohibiting the possession of tobacco by minors. Anyone under 18 found in possession of tobacco can be fined from \$5 to \$500, said city attorney Kathleen Elliott. The same ordinance also requires retail cigarette vendors to obtain licenses, she said.

"Ban 2000"
Over a year ago, the physicians of Iroquois County and the Iroquois County Medical Society launched a program to restrict the sale of cigarettes in the county within 10 years. Since then, "Ban 2000" has received considerable publicity, including stories in *Illinois Medicine*, the *Chicago Tribune*, *USA Today* and the *Boston Globe*, but has seen no legislative action.

"They're still selling cigarettes in Iroquois County," said Victor A. Fors, M.D., ICMS secretary. "And although we haven't done as much as last year, we're still philosophically pursuing the issue."

"We have noticed a lot of discussion and raised consciousness within the community," he said, adding that a telephone survey of 100 adults indicated that Iroquois County has 2 percent fewer smokers than the state average.

After the publicity of the initial campaign, Dr. Fors said some improvements had been made, even if the sale of cigarettes had not been altogether banned. He said the biggest restaurant in the county purchased a new ventilation system to remove smoke from the air. ▲

Concerned about CLIA'88?

If you need help in preparing your laboratory for these federal regulations, contact us.

Our team of consultants is headed by Erlo Roth, MD, MBA, a pathologist with vast experience in managing office laboratories and preparing them for licensure.

Other lab management services available:

- Space planning
- Billing
- Cost minimization
- Instrumentation
- Computerization
- Waste management

Hinsdale Pathology Associates
120 Ogden Ave.
Hinsdale, IL 60521
(708) 986-0979

Licensure process

(continued from page 1)

seminar was designed to counsel attendees on resident licensure procedures and to provide a forum for the residency program officials and IDPR representatives to exchange information. IDPR's new director, Nikki M. Zollar, was introduced to the attendees.

Those applications received from graduates of schools approved by the Liaison Committee for Medical Education were the most quickly processed, MLB members said. More than 95 percent of those applicants received their licenses by July 1, as compared with only 60.7 percent of international medical graduate (IMG) applicants.

All applicants must provide copies of their diplomas and proof that they have met the Illinois statutory requirement for six years of post-secondary school education. These documents and other necessary information are often not readily available from foreign countries, IDPR officials said.

Identify 'high-risk' applicants early

"Incomplete files hold up licenses," said MLB member Lawrence L. Hirsch, M.D. "Residency program directors can speed the 1992 process by identifying high-risk cases — ones that may be delayed — early."

Two other applicant groups most often fall into the high-risk category. First, impaired physicians (those who have had emotional problems or problems with substance abuse) are required to attend an informal conference with an MLB member,



IDPR Director Nikki Zollar pledged her agency's cooperation in this year's resident licensure process.

an IDPR attorney and the IDPR medical coordinator. "The need to have a conference usually results in a three- to four-week delay in application processing," said Dr. Hirsch.

Second, physicians who graduated more than five years prior to their application for a license and who have not been clinically active must be interviewed individually by the MLB. "Program directors should tell such applicants to bring with them anything and everything they have to prove that they have maintained their clinical skills," said MLB Chairman John M. Holland, M.D.

Post-five-year graduates can meet the requirement by attending CME courses or postgraduate studies in a related medical science. "Extreme care must be taken to assure that, in improving his or her clinical skills,

Other states improving licensing process

ILLINOIS IS NOT the only state working to improve the medical licensing process. To address the often duplicative procedure faced by all physicians when applying for licensure and hospital privileges, the American Medical Association created the National Credentials Verification Service.

"Our service collects and verifies information used for credentialing of physicians from primary sources and acts as a verification service that can be used throughout a physician's career," said Annette Gippe, director of the AMA's department of data resource development. Gippe spoke at the Illinois State Medical Society's fourth annual residency program directors seminar Nov. 10.

NCVS may receive permanent recognition from the federal government as a means of reducing the problems most often faced by international medical graduates. Rep. Stephen J. Solarz (D-N.Y.) is sponsoring legislation in the U.S. House of Representatives that would protect international medical graduates from discrimination, while also ensuring that only properly credentialed IMGs are licensed as physicians.

NCVS is already available nationwide to physicians on a voluntary basis. There is a one-time charge for the service. Licensing boards and hospitals pay a nominal fee for using the reports. Twelve state licensing agencies currently accept NCVS information.

The Illinois Medical Licensing Board is taking a hard look at the system to see if it can be used to expedite this state's licensing process. But at least one MLB member expressed reservations. "The [Illinois] statutes do not allow the Illinois Department of Professional Regulation to abrogate its responsibilities of verifying credentials to the service," said MLB member Arvind K. Goyal, M.D. "So, they would be duplicating work." ▲

the person was not practicing medicine without a license," noted MLB member Dean R. Bordeaux, M.D.

Improvement due to ISMS recommendations

MLB members attributed the 1991 licensing period improvement to IDPR's positive response to 13 recommendations suggested by the ISMS Council on Education and Manpower. These recommendations were adopted by the ISMS Board of

Trustees in November 1990.

To address areas where further improvement is needed, the Council on Sept. 10 proposed a new set of recommendations that were scheduled to be considered by the ISMS Board of Trustees on Nov. 16.

Meanwhile, Illinois residency program directors are gearing up for the 1992 licensing period. "The goal of the MLB is to get a license promptly to as many good doctors as we can," said Dr. Holland. ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

BC/BE radiologist wanted for locum tenens position. Hospital setting with CT, NM and ultrasound. Light work (11,000 cases per year) and "call." Excellent opportunity for diagnostic radiologist who desires occasional work. Flexible scheduling with potential for approximately 10 weeks per year. Nice western Illinois college community between Quad Cities and Peoria. Send curriculum vitae with reply to Box 2185, *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicagoland and northern Illinois. Call Debbie Aber, 708/541-9332 or send your CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Classified Advertising Rates				
	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, physiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO-certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

ENT — Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Family practice or internal medicine. Riverview Clinic, a 60-member multispecialty facility, has a position available at our regional clinic in Delavan. No night call or hospitalization responsibility. Excellent lifestyle and benefits in beautiful southern Wisconsin. Send CV to Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington St., Janesville, WI 53545.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax your CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Illinois/nationwide. Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; 1-800-831-5679.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Picturesque north shore of Lake Superior. Seeking family practice or internal medicine physician. Fulfilling small clinic practice. No start-up costs. Scenic beauty, various outdoor activities, with time to enjoy it! Write Jon Ward or Kathy Haselow, Silver Bay, MN 55614, or call collect 218/226-4431.

Chicago—near north suburbs: Busy Ob/Gyn seeks BC/BE associate leading to partnership. Competitive salary and benefits. Send CV to North Shore Ob/Gyn, 1160 Park Avenue West, Highland Park, IL 60035, or FAX 708/835-2898.

Physician practice opportunities—southern Illinois. Correctional Medical Systems, the national leader in contract health services to state and local correctional centers, currently seeks a medical director for the Centralia Correctional Center. This outstanding opportunity combines hands-on medicine with administrative responsibilities. CMS also seeks a part-time physician for the Graham Correctional Center in Hillsboro. Coverage needed Fridays and alternating Saturdays. Compensation is excellent. Low-cost occurrence-based malpractice insurance is available. For confidential consideration or more information, please contact: John Bogdan, physician recruiter, Correctional Medical Systems, P.O. Box 27352, 999 Executive Parkway, St. Louis, MO 63141; 1-800-325-4809, ext. 3107.

Chicago — EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Family physicians—Join a friendly six-person group in a scenic small town not far from a first-class hospital. Enjoy the amenities of nearby Milwaukee, Chicago, Lake Geneva, and Madison with four out of five weekends off. You are free to concentrate on patient care in this prospering, well-managed practice. OB is optional. Please call Amy Palmer, Waukesha Memorial Hospital, 1-800-326-2011.

McLean County, Illinois, seeks an Illinois-licensed medical doctor to serve as the county's jail physician. The jail physician provides direct medical care services to the adult detainees and sentenced inmates at the McLean County Jail, Bloomington. Please contact the Office of the County Administrator, Law and Justice Center, Room 701, 104 W. Front Street, Bloomington, IL 61702-2400, 309/888-5110, for a copy of the county's request for proposal. The closing date for this proposal is Friday, Nov. 29, 1991.

Obstetrics/gynecology, Brainerd, Minn. Join two
Ob/Gyns in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Dermatology, Brainerd, Minn. Join 22-M.D. multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Otolaryngology, Brainerd, Minn. Join 22-M.D. multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Pediatrics, Brainerd, Minn. Join pediatrician in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Emergency medicine, northern Illinois. Regional tertiary care center in Rockford which serves as Level I Trauma Center, EMS resource hospital, Regional Heart Institute and offers Lifeline Helicopter Service seeks emergency physician. Excellent pay for working conditions. Supportive, aggressive medical staff and administration; well-trained, pleasant nursing staff. Contact Mike Parker, M.D., 815/395-5261, Saint Anthony Medical Center, 5666 E. State St., Rockford, IL 61108-2472.

Family practice—nine-member multispecialty group 35 miles southwest of downtown Chicago seeks FP to join growing practice in satellite location. Guaranteed salary with incentive. Opportunity for partnership, many fringes, plus profit sharing. Excellent grade and high schools. Call or write Frank Schibli, administrator, Hedges Clinic, 222 Colorado Avenue, Frankfort, IL 60423; 815/469-2123.

Ob/Gyn—nine-member multispecialty group 35 miles southwest of downtown Chicago seeks Ob/Gyn to join our female Ob/Gyn in growing practice. Guaranteed salary with incentive. Opportunity for partnership, many fringes plus profit sharing. Excellent grade and high schools. Call or write Frank Schibli, administrator, Hedges Clinic, 222 Colorado Avenue, Frankfort, IL 60423; 815/469-2123.

Purdue University Student Health Center is seeking a BC/BE physician to provide primary care in an active university health setting. Health care and prevention services are offered through outpatient and women's clinics, urgent care facilities, mental health service, physical therapy department and a progressive health promotion/patient education program. This full-time, year-round appointment offers excellent fringe benefits, including a generous vacation/holiday package, CME allowance, malpractice coverage, an outstanding retirement program, medical insurance and a light call schedule. Please call or send CV to James S. Westman, Ph.D., director, Purdue University Student Health Center, West Lafayette, IN 47907; phone 317/494-1720. EO/EAU.

Pulmonologist, cardiologist, infectious-disease specialist, general surgeon, urologist and general internist needed to join group practice in Chicago on part- or full-time basis. Excellent compensation. Write to P.O. Box 2204, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Bellowing spinners dot the lake surface. Hot air balloons drift effortlessly overhead, the fish always bite on the right bait, and there is a patient base just waiting for the right family practitioner to serve them. A 270-plus bed southern Illinois regional hospital desires to add another BE/CO family practitioner to their growing medical staff and is offering a package and guarantee that is mind-boggling. You can't afford to ignore this one — no OB, shared call and fantastic quality of life. Call Tom Kubiak, colonel, USAF (retired), at 1-800-753-3374, or mail your CV to P.O. Box 351, 12 Brandonwood Drive, O'Fallon, IL 62269.

Here's the chance of a lifetime for an endocrinologist to join a rapidly expanding endocrine practice. Solo BC endocrinologist has developed a hospital-based practice complete with in-office lab facilities 20 minutes from the amenities of downtown St. Louis. Practice is 90 percent endocrine, 10 percent internal medicine (by patient request). Income potential is mind-boggling. Key to practice style is quality patient care and quality medicine. Willing to share and share alike. University of Nebraska M.D. and Washington University Endocrine Fellowship. Call Tom Kubiak, colonel, USAF (retired) at 1-800-753-3374 or send CV to P.O. Box 351, 12 Brandonwood Drive, O'Fallon, IL 62269.

Catch the spirit of St. Louis while working with one of two Illinois hospital emergency room openings between 20 minutes to 40 minutes from the "Arch". Both opportunities are with a physician-owned/operated emergency medicine company — a company where you count as an integral part of the team. We would like to talk with you in confidence. Top compensation, malpractice, tail, interview and relocation expenses. Locum tenens welcome. Call Tom Kubiak, colonel, USAF (retired), at 1-800-753-3374 to arrange a convenient time to talk with the physician/owner or send your CV to P.O. Box 351, 12 Brandonwood Drive, O'Fallon, IL 62269.

Physicians wanted: Full- and part-time opportunities in central and southern Illinois and various Missouri locations. Proper licensure required. Contact: Annashae Corp., 1-800-245-2662.

Situations Wanted

Physician experienced in occupational and family practice seeking a full-time position in Chicago. Reply to Box 2201, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602

Board-certified family physician seeks part-time position in Chicago area or in a North Side suburb. Write to Box 2203, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % Illinois Medicine, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Lake Point Tower. Prime tiers combined into spacious, 2,200-square-foot home with spectacular high floor, city skyline/north lakeshore view that goes on forever. Split bedrooms, 26-foot master suite, 37-foot living room. Neutral decor. Move right in! Every amenity imaginable plus 2½-acre private park. Must sell. Sherri Schmidt, 312/33REMAX.

Medical building in Hinsdale with office space to share with internist. Two exam rooms, lab, storage and private office. For information call 708/323-8300.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Well-equipped laboratory in professional building in
Midwest community of 100,000-plus. Gross billings
\$200,000-plus. Growth of 30 percent per year.
\$125,000. Firm. 815/265-7653.

Stunning 1,820-square-foot penthouse with 46-foot deck. Tons of marble, white oak, elevated dining room and den. Two indoor heated parking spaces. \$339,000. Wrigleyville home, on oversized lot, three bedroom, two bath, garage, rustic yard and deck, parking for four cars. \$297,500. DePaul townhouse, Dayton Street. Three bedroom, 2½-bath front unit, master bedroom suite, two wbfps, patio, security. \$299,500. Re/Max Exclusive Properties, Chuck Suparitis, 312/33REMAX.

Exclusive 30-acre site - 720 feet of Lake Michigan
Non-eroding beach frontage approximately 1,800
feet deep. Ideal for your estate, medical retreat, or
an association of owners. Set up and approved to
accommodate a minimum of eight estate-sized sites,
if interested in subdividing. Can have a private gated
entry. 2½ hours from Chicago (three minutes from I-
96/U.S. 31 expressway) at South Haven, Mich.
\$2,500,000. For information call 219/291-9717 or
write Joe Hickey, 1313 Erskine Manor Hill, South
Bend, IN 46614. This is a first-time offering.

Illinois medical practices for sale! No fees to buyers.
For details on practices currently available, or to
receive information on future opportunities, call
708/441-6111.

Two suites available (700 and 540 square feet), Elmhurst. Prominent near-hospital medical building perfect subspecialty location with established MD and DDS practitioners. Will decorate or renovate to your needs. Call 708/834-4155.

Physician wishes to purchase medical practice, any size, internal medicine or general practice. 312/764-7288 or 312/582-5959.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we're in our other office. Can be flexible with schedule. 708/963-0601.

Bucktown 2240 N. Hamilton (2130W) three-bed-
room, 2.5-bath, new construction, two-car attached
garage, basement, deck, eat-in kitchen with patio,
wbfp, hwfl. Roberta L. Stevens, Rascon Realty,
312/943-9591.

Successful orthopedic surgery practice for sale in near west suburb. Owner retiring after 22 years. Practice gross production averaging \$305,000 last three years. Located in professional building with two exam rooms. Asking \$129,000. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Evanson mase — steps to lake and park, 8,816
square feet, 5-6 bedroom, 5½-bath corner brick Georgian with slate gambrel roof. Gourmet kitchen, sitting rooms, game room. Offices, double staircases, plus coach house and 2½-car garage. Botanical gardens with 9,500 bulbs. Too many other extras to list. Chuck Supatits, Re/Max Exclusive Properties, 312/337-3629.

Office space in the Printers Row area, Chicago. Three examination rooms, three offices, a large administrative and reception area, room for routine laboratory procedures. Time sharing considered. Call Terry Mason, M.D., or A. Gabriel 312/427-1110.

Skokie for lease – 6,900-square-foot main building with 1,800-square-foot detached building. Suitable for clinic with MRI separation. Deluxe in every way, with parking. Visible location on corner of Lincoln and Skokie Boulevard. Chuck Stuparits and Petra Luh, 312/33-REMAX.

Hinsdale medical office suite – approximately 1,200 square feet available. Great location, ample parking, handicap access, reasonable. Call P. Kaufmann, 708/480-9717.

Eastern Ohio Family Practice

BC/BE to join two young, energetic family practitioners. Call coverage and partnership arrangements. Net income guarantee, plus relocation assistance and funding normal business office expenses. Contact Bob Haley at (800) 486-3020 or send CV to:

**Lowderman and Haney,
Inc.,
3939 Roswell Road, NE,
Suite 100,
Marietta, GA 30062**

Miscellaneous

Physician Services can assist you with all your physician recruitment needs. Affordable, professional and experienced. Call: 708/541-9332.

Appointment scheduling software designed specifically for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Eastern Ohio Pediatrician

BC/BE pediatrician to join existing pediatrician. Unlimited growth potential. Net income guarantee, plus relocation assistance and funding normal office expenses. Hospital is completing a new \$5MM LDRP unit. Contact Bob Haley at (800) 486-3020 or send CV to:

**Lowderman and Haney,
Inc.,
3939 Roswell Road, NE,
Suite 100,
Marietta, GA 30062**



WE CAN HELP YOU AVOID SOME UNPLEASANT DETOURS.

A malpractice suit can sidetrack a successful practice. Physicians distracted by a lawsuit frequently feel as if they face only tough choices. Being put on the defensive allows little room to maneuver.

That is why the Exchange works diligently to help reduce its policyholders' exposure to the risk of lawsuits. Before they occur. Before they add pressure to an already demanding profession.

As the state's largest and most experienced physician-owned professional liability insurer, we know a great deal about the reasons why physicians get sued.

Through risk management seminars, on-site visits, videotapes and printed materials, we teach policyholders ways to prevent losses. We also educate office staff on the role they can play in reducing risk. Specialty subcommittees look for ways to aid the high risk specialties. We do not stop at protecting our policyholders from a suit; we work to improve overall patient care as well.

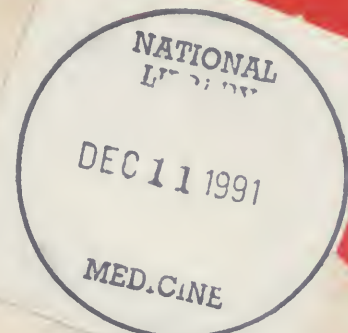
No insurer has a better claims defense. But we hope you'll never have to know how good we are.

ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

Illinois Medicine



December 6, 1991

ILLINOIS STATE MEDICAL SOCIETY



Louis W. Sullivan, M.D.

RBRVS rules show relief; 'baseline' offset still in

by Tamara Strom

THE FINAL RBRVS rules have arrived, but the verdict on the full impact of the new Medicare physician payment system is still out. While the Bush administration made considerable concessions to address physician

concerns about the draft rules released earlier this year, the government retains its unpopular position that a behavioral offset is necessary for budget neutrality.

"This final regulation will create a fairer and more rational physician payment system," said U.S. Health and

Human Services Secretary Louis W. Sullivan, M.D., last month in announcing the rules for the resource-based relative value scale system. "The fee schedule goes far toward correcting long-standing price distortions. The new system will bring greater predictability, equity and consistency to physician payments."

The rules release caps a 5½-month battle between the medical community and Congress and the Bush administration. When the proposed rules were published June 5, the medical community was outraged at the U.S. Health Care Financing Administration's interpretation that the RBRVS statute called for \$6.9 billion in out-year savings.

Physicians in Illinois and around the nation unleashed a letter-writing campaign to Congress and the administration expressing their anger and feelings of betrayal. When physicians agreed to the concept of Medicare payment reform in the late 1980s, they

(continued on page 14)

New CPT codes could spell confusion

by Tamara Strom

LEARNING HOW TO use the new Medicare office visit codes in the 1992 edition of the *Current Procedural Terminology* codebook should head physicians' lists of New Year's resolutions this year. That's because after Jan. 1, 1992, physicians will be required to use the new codes on Medicare claims.

"These new codes will be the physician's bible for billing office visits, outpatient services, consultations and other medical care for Medicare patients," said Robert M. Reardon, M.D., president of the Illinois State Medical Society. "The existing codes essentially will be null and void for Medicare the first of the year. Physicians must understand that Medicare probably will not reimburse them if the current [1991] codes are used. Claims submitted using existing codes will be rejected for non-payment or paid at low rates."

(continued on page 14)

Governor names AIDS task force

by Anna Brown

GOV. JIM EDGAR named a 19-member Task Force on AIDS in Health Care to develop ways to implement S.B. 999, the HIV notification bill. The group will also advise the governor on how Illinois can adopt recently issued U.S. Centers for Disease Control guidelines to prevent the transmission of HIV in health care settings.

"The task force has a formidable job ahead of it," Edgar said in a Nov. 13 press conference announcing the panel. "It's extremely important that we assure the public of the safety of the medical profession. S.B. 999 is a step in that direction."

"The governor will now have input from a variety of specialists with clinical and scientific knowledge about



Matt Ferguson

Gov. Jim Edgar (left), joined by IDPH Director John R. Lumpkin, M.D., named a 19-member AIDS task force to advise on implementation of S.B. 999, Illinois' HIV notification bill.

AIDS," said Robert M. Reardon, M.D., Illinois State Medical Society president. "This will help implement the law based on fact and experience, not emotion."

ISMS submitted physician names to Edgar to help him identify qualified experts in the state. Six of these physicians were named to the task force.

The panel – a group of physicians, health care workers and members of the public – has been assigned an April 1 deadline to create rules for implementing S.B. 999, said John R. Lumpkin, M.D., director of the Illinois Department of Public Health. Emergency rules for implementing the legislation, which requires notification of patients or physicians who have been exposed to HIV, were adopted Oct. 28, and will be effective for 150 days, he said.

(continued on page 10)

Negotiations under way

Cost Containment Council revises hospital data rules

by Tamara Strom

THE ILLINOIS Hospital Association and the Illinois Health Care Cost Containment Council are jockeying for position in attempts to settle their disagreement over IHA's distribution of hospital discharge data.

Just hours before the negotiations began Nov. 12, the Council began the process of revising its rules on hospital data review and data release. The proposed revision would eliminate the Council's responsibility to provide each hospital with its data on computer disks.

Although all parties involved claim high hopes for a compromise, the Council took its action because several months are required to

effect an official rules change. Council members characterized the provisional rule – which can be withdrawn any time an agreement is reached – as an insurance policy, in case the talks fail.

"There was a feeling among many Council members that this was a necessary step. We felt the Council was staring into a loaded revolver on this," said Council Secretary Edward H. Mazur, Ph.D., referring to IHA's gathering of hospital sup-

(continued on page 13)

In this issue

AMA interim meeting preview.....2

News Briefs.....2

How HIV notification law got passed.....3

Avoiding AIDS-related liability in the office...6

CDC postpones release of risk-prone list.....8

No HIV-positive tests in Nokomis.....9

Hospitals snatch up advance directives brochure.....13



To mark AIDS Awareness Week, Illinois Medicine examines the minimal risks of HIV transmission in health settings.

***** 3 DIGIT SCF 208 *****
1125 IM
NATIONAL LIBRARY OF MEDICINE
TSD - SERIALS
8600 ROCKVILLE PIKE
MD 20894
BETHESDA

Clinic for medically needy opens in Aurora

Facing increasing numbers of patients using local emergency rooms for treatment of chronic ailments, Aurora physicians took matters into their own hands. To ease the burden, a group of area physicians, together with the Kane County Health Department, Nov. 20 opened a community-based clinic for Aurora residents who cannot afford medical care.

"We've had an ongoing problem in the community of Aurora with caring for indigent and Illinois public aid patients," said Lawrence Alberti, M.D., an Aurora internist who spearheaded the clinic effort with several of his colleagues at Mercy Center for Health Care Services and Copley Memorial Hospital. "Patients are using the emergency rooms for chronic medical problems that would ordinarily be cared for in doctors' offices. Opening the clinic is a way to recognize the problems in our emergency rooms and the need to provide these patients with care."

Nearly seven months in development, the clinic is open on Wednesday afternoons only, due to space limitations at the Kane County Health Department, which houses the clinic. Dr. Alberti said the clinic was booked to capacity with 15-minute appointments on its first day of operation.

"We're trying to avoid becoming a walk-in clinic," Dr. Alberti explained. "We hope to duplicate the care a patient with a family doctor would receive for a chronic condition, such as diabetes or high blood pressure, with scheduled appointments and scheduled follow-up. We want to give these patients some continuity of care. We project the emergency rooms will be providing us with a constant flow of patients [through referrals]."

The clinic is staffed by volunteer physicians and nurses, Dr. Alberti said, adding that the number of volunteers outnumbers available slots. He said for the time being, a core group of 12 physicians will regularly staff the clinic, with subspecialists

available for consultations.

Also, Copley and Mercy hospitals are offering free laboratory and radiology services, including staff time of radiologists and pathologists.

"We hope this has a positive impact in addressing these problems in our community," Dr. Alberti said, "so patients won't have to go through the phone book, going down the list trying to find a physician who will treat them. There are a number of physicians who really care and are concerned about [access] and are willing to do what we can."

Northwestern launches \$100 million expansion

While other Illinois hospitals are struggling to make ends meet, Northwestern Memorial Hospital in Chicago is launching a \$100 million expansion project. The funds – currently being sought from private donations – will be used to infuse additional dollars into existing patient care programs and replace antiquated buildings with new structures.

The expansion "is a crucial step in our goal to give Chicago the pre-eminent medical center it needs and deserves," said Gary A. Mecklenburg, Northwestern president and chief executive officer. "Now, more than ever, our city and nation need a model that will set the standards for compassionate, high-quality and cost-effective health care in the years ahead."

About \$50 million will be used to support the hospital's eight "centers of excellence" in cancer, cardiovascular services, psychiatry, orthopedics, neurosciences, AIDS, geriatrics and women's health.

The other \$50 million will fund construction of a new ambulatory care facility and a replacement inpatient hospital. The new buildings will centralize patient care facilities now scattered over several blocks and improve coordination between hospital and physician services, Northwestern officials said in announcing the new program Nov. 23. ▲

— Compiled by Tamara Strom



New South Lawndale Clinic opens in Chicago's Little Village

Sister Sheila Lyne (far right), commissioner of the Chicago Department of Health, leads (from left) Chicago Mayor Richard M. Daley, and Aldermen Jesus G. Garcia (22nd) and Ambrosio Medrano (25th) on a tour of Chicago's new South Lawndale Clinic. The clinic is structured on a family practice model to provide care for patients of all ages. ▲

AMA convenes its interim meeting in Las Vegas

AS THE AMERICAN Medical Association interim meeting convenes in Las Vegas, Dec. 8-11, the Illinois State Medical Society's delegation will be considering a number of resolutions of special interest to Illinois physicians.

ACP wants to change Illinois law

An American College of Physicians resolution calls on the AMA to cause the repeal of a provision of Illinois law ensuring anonymity of individuals participating in state executions. At its April annual meeting, the ISMS House of Delegates approved policy deeming physician participation in state executions, even as a witness, unethical.

"ISMS supported legislation to exempt physicians from participation in executions in this year's Illinois General Assembly," said ISMS President Robert M. Reardon, M.D. "This resolution is unnecessary because we're already working on a strategy to achieve this. Beyond unnecessary, it's presumptuous for a national specialty society to try to use the AMA to interfere with the efforts of a state society."

AIDS hot topic at interim meeting

Several resolutions on AIDS in the health care setting deal with disclosure of HIV status by physicians and patients. An Illinois law passed earlier this year provides for notification of physicians and patients and includes confidentiality safeguards. ISMS supported the legislation after working for defeat of mandatory testing of health care workers.

Additional AIDS resolutions deal with the continuing debate in the clinical and scientific communities on whether the U.S. Centers for Disease Control guidelines for preventing HIV and hepatitis B transmission in the health care setting are consis-

tent with scientific data. The Aerospace Medicine Association is asking that the Federal Aviation Administration consider pilots who test HIV positive to be medically disqualified for flying duties.

AMA opposes economic credentialing

In light of recent disclosures that the Illinois Hospital Association may have inappropriately released confidential data about physicians and hospital admitting practices through its COMPdata system, the ISMS delegation has a special interest in the Council on Medical Services Report B on economic credentialing. The report asks the AMA to oppose economic credentialing, defined as "the use of economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff membership or privileges."

Other topics, concerns

Other AMA reports and resolutions address health care costs in the United States compared to other countries. In addition, violence in America – especially family and domestic violence and its impact on the clinical and ethical responsibilities of physicians and its impact on health care costs – will be discussed.

"Now that it is an accomplished fact, we're going to hear a great deal about RBRVS," predicts AMA Delegation Chairman Alfred J. Clementi, M.D. "Delegates will want to hear what it will mean to physicians in their states so that they can tell their members. The AMA also needs a 1992 election strategy that helps candidates understand the issues surrounding health care costs. It's obvious that health care is going to be a major political issue in 1992 and we need to be prepared." ▲

Facts for Physicians

A national poll asked 2,000 adults:

What kind of contact would you be willing to have with a person with AIDS?*

	1987	1990
Shake hands with	50%	72%
Work alongside	38%	62%
Send child to school with	33%	59%
Help care for	24%	41%
Kiss on the cheek	17%	36%
Eat in restaurant where worker had AIDS	14%	32%

* Based on a nationally representative sample of 2,000 adults over the age of 18.

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

How and why the HIV notification bill was passed



News Analysis

by Kevin O'Brien

SOME - times laws get passed with stunning speed.

S.B. 999, Illinois' new HIV notification law, is a classic example. In effect, it took just 19

days for both houses of the General Assembly to pass the bill, even though earlier versions had been killed twice. Close examination reveals that making legislation is an often unpredictable process subject to many external pressures.

"When the news came out that there was allegedly an [Illinois] dentist who died from AIDS," says Saul J. Morse, Illinois State Medical Society legal counsel, "there was a very emotional response to the unknown. Not necessarily to the problem, but to the unknown. And that response resulted almost immediately in a reaction not atypical of lawmakers: 'There's a fear out there and we've got to address it.'"

"I have trouble envisioning S.B. 999 as the end in this whole area."

— Saul J. Morse

State Rep. Penny Pullen (R-Park Ridge), for whom AIDS legislation is a high priority, agrees that two cases drove the issue in the Illinois General Assembly. The first was that of a Florida dentist who apparently transmitted the HIV virus to five patients, and the second was the October 1990 death from complications due to AIDS of a central Illinois town's only dentist.

Unlike David Acer, D.D.S., the Florida dentist who before his death wrote a letter to his patients suggesting they be tested for the HIV virus, Nokomis dentist Gary Darr, D.D.S., had not disclosed his condition to anyone other than his family and his physicians. And while the Illinois Department of Public Health had been seeking access to his records since his death, Dr. Darr's family refused on the grounds of physician-patient confidentiality. (See story, page 9.)

"At the same time," says Pullen, who was aware of the Nokomis case, "I was offering amendments that dealt with the issue obliquely." At the end of May, Pullen pushed a provision permitting IDPH to acquire patient records of "any physician, dentist or other health care provider who has been diagnosed as having HIV or any other identified causative agent of AIDS" for the purpose of notifying patients that they might be at risk.

That effort failed, and one month later Pullen asked State Rep. Edward

Petka (R-Plainfield) to sponsor the same amendment on one of his bills, S.B. 263, which mandated AIDS testing for accused sex offenders. Rep. Karen Hasara (R-Springfield), whose district includes Nokomis, strongly supported the amendment.

When the Petka/Pullen amendment passed 75-28 on June 25, it sent shock waves through the state capitol. "There was not, and still is not, an understanding and recognition that it's the health care worker who is more at risk and has less choice in this matter," says Morse. "When the legislation first came up, it was clear to many that it was just an overreaction that was not based on knowledge or fact."

Immediately the Springfield health care lobby, especially ISMS, the Illinois Nurses Association, and the Illinois State Dental Society sprang into high gear. After being lobbied intensely, the House defeated the entire bill 41-36. Sixty votes were needed for passage; 35 members voted present. That began the 19-day countdown to passage of S.B. 999.

External factors influence events

The matter might have ended with the June 26 vote had the General Assembly adjourned as scheduled. But by June 27, it was apparent that the battle of the budget would keep the legislature in session past the June 30 adjournment deadline. While

House and Senate leadership negotiated fiscal matters with the governor, most legislators had little to do. Idle and bored, they were even more susceptible to external pressures, which the AIDS issue provided. During the summer of 1991, the issue of HIV transmission from health care worker to patient gathered steam. Consider just a few of the events that preceded the June 26 defeat of S.B. 263:

- In April and May, a Chicago hospital experienced two lapses in infection control when patients came in contact with medical waste materials possibly tainted with HIV.

- On June 6, the U.S. Centers for Disease Control announced that two

(continued on page 8)

Blue Cross Blue Shield




REPORT

FOR Illinois Physicians

MANAGED CARE NETWORK PREFERRED: THE NETWORK OF CHOICE

Blue Cross and Blue Shield of Illinois (BCBSI) is pleased to report the success of our new point-of-service product, **Managed Care Network Preferred (MCNP)**. The MCNP network of more than 1,600 Primary Care Physicians (PCPs) and 4,500 Specialists was built using our PPO Plus network as a base. The MCNP hospital network is the same as the PPO hospital network. MCNP is predicted to become one of our largest lines of business, and BCBSI looks forward to continuing a mutually rewarding relationship with the physicians of Illinois as together we meet the health care needs of your patients and our members.

Important Information for MCNP Physicians

Making a Referral

Under the MCNP program, the PCP is responsible for coordinating all of the medical care for their MCNP patients. When a referral is necessary, an MCNP provider must be utilized. When making a referral to either another physician or facility, the PCP must follow these steps:

- Select an MCNP provider by referring to the MCNP Referral Guide of Physician Specialists, Providers and Facilities
- If you are unable to locate an MCNP Physician or MCNP Facility in the Referral Guide to provide the necessary care for your patient, please contact the Utilization Management Department at (800) 232-3476 to obtain guidance in selecting a provider or to request a waiver. To inquire about the provider's PPO status as many providers have recently joined our PPO program and will be listed in the next edition of the Referral Guide, please contact the Utilization Management Department at (800) 232-3476, MCNP Department at (312) 938-7433, or the Provider Assistance Unit at (312) 938-7340
- Complete the MCNP Referral Form documenting the requested data
- Retain a copy of the Referral Form for your records, transmit one copy to BCBSI via mail or fax, and give the remaining copies to your patient to take with them to the referral provider
- The MCNP Referral Specialist should complete their portion of the Referral Form, documenting their findings with recommendations including the need for continued services, if appropriate, and return to the PCP
- Then, the PCP must receive the completed Referral Form to complete their file and direct additional services
- If the MCNP Specialist determines that further services, such as an admission or other medical treatment or diagnostic testing by another MCNP Specialist or MCNP Facility are appropriate, the MCNP Specialist must first discuss this with the PCP
- MCNP Notes: The PCP maintains full responsibility of managing all aspects of the referral process under the MCNP program, and, when making a referral to an MCNP Specialist, a confirmation number is not needed

Ameritech

The employees of Ameritech are the first to enroll in our new MCNP product, and Preferred Health Care (PHC) is the case manager for psychiatric and substance abuse care. The notification of PHC is the responsibility of the member. The PCP can facilitate this process by notifying PHC for the member. Although not a part of BCBSI, PHC utilizes only our PPO network providers to ensure the delivery of high quality health care to your patients and our members. Their 24-hour counseling referral and precertification services telephone number is (800) 732-6585.

We thank the physicians joining us in this exciting and innovative product. If you are interested in learning more about MCNP, please contact our MCNP Department at (312) 938-7433.

(12/6/91)

Editorial

Hurry up, please
... it's time

Time is running out for Illinois physicians to check off the final entries on their 1991 professional To-Do lists. In just two weeks, it will be time to start your list of New Year's resolutions – *Illinois Medicine* reminds you to avoid the holiday rush and take care of the following right away:

✓ **If you have an office lab, return the CLIA information form.**

This is not the financial disclosure form HCFA sent out in September – it's another form, mailed Nov. 29. This survey asks about the type of laboratory you have, the volume of tests performed and the qualifications of the people who work in the lab. HCFA says they need this information to administer CLIA. (No, Virginia, they won't postpone CLIA if you refuse to return the form. They'll go ahead and implement it anyway, but your name will be on a Special List.) By completing and returning the form, you'll start off on a better foot. It's due within 60 days of the date of the letter, but why wait? Send it in now.

✓ **Call IDPH and ask for information about office lab surveys.**

CLIA is coming (see above) and most office labs in Illinois will not meet the stringent requirements the new guidelines will contain. That's the word from IDPH, which is doing educational surveys of office labs right now. It's rumored the new CLIA regs will be out in January, and as soon as they are effective, IDPH can't assist – they can only audit and collect the fines for Washington. By getting IDPH in to help you get your office lab act together now, you'll have a better chance of surviving a CLIA survey later.

✓ **Make room for the new CPT codes in your office and in your head.**

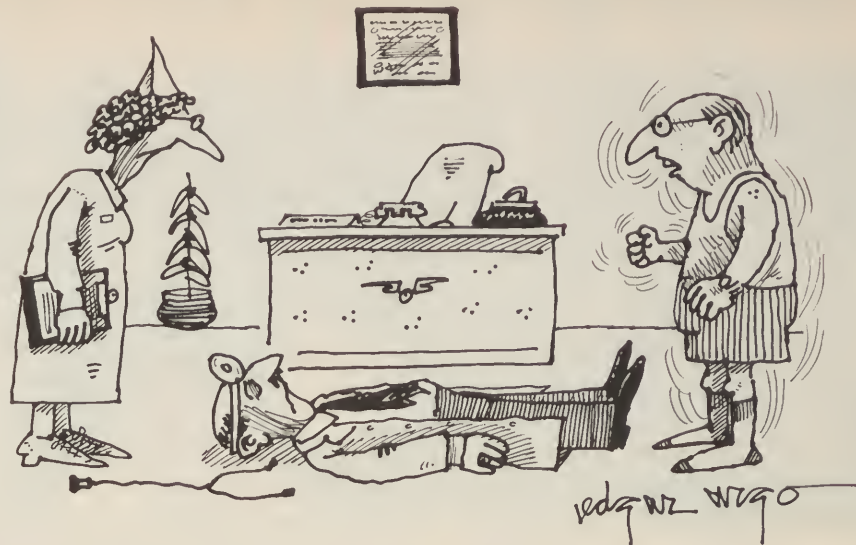
Making the switch to the new codes isn't going to be a matter of changing an eight to a nine, or substituting one code for another. You (and your staff) are going to have to re-evaluate every appointment, every patient contact, and bill according to a new way of thinking, not just a new set of numbers. Get the new codebook and look it over during your "down time" over the next month.

✓ **Use your end-of-the-year financial review to look for safe harbors.**

If your investments in medical services don't qualify under the new "safe harbor" guidelines, you've just bought yourself a ticket on the *Titanic*. Look for competent legal and financial help to assure that your investments will pass scrutiny.

✓ **Pay your dues and support IMPAC.**

Your membership in the Illinois State Medical Society has never been more important. In the next year we will see health care become the pre-eminent topic in the state and federal elections. You can look to your state medical society to take the lead in guiding the discussions that will determine the future of health care in Illinois. And your PAC donation will help support candidates who, like us, think of our patients first. ▲



"He said I was consuming too much caffeine, so I punched his lights out."

Guest Editorial

Questions I
want answered
about AIDS

by Raymond E. Hoffmann, M.D.

While we know that a number of health care workers have contracted HIV through exposure to patients, not a single patient has contracted the virus from a physician. The average person may see a physician three or four times a year; I see as many as 100 different patients – and operate on as many as 25 – every week. Simple math tells me my chances of exposure are far greater. So I am troubled that the widespread public attitude about AIDS in the health care setting ignores some troubling questions doctors in Illinois need to have answered.

Do doctors have different – lesser – civil rights than patients? Patients have no obligation to tell me their serostatus. The new law in Illinois requires me to tell them if I become HIV positive. Why don't I have the same right to know the HIV status of my patients? As a surgeon, I will be more directly exposed to the virus. The same political pressure groups that talk about mandatory testing for health care workers are usually silent on the same testing for patients.

Can I test my patients for HIV before surgery, to protect myself and my family? According to the law, I cannot order such a test without a patient's informed consent. This protects the patient's rights – but what law protects my family's rights? It would be much worse to carry the virus home and infect my family. They are innocent bystanders.

Can I refuse to treat patients who are HIV positive? What about patients who refuse to be tested? According to the

law, I cannot force a patient to be tested. Legally and ethically I cannot and should not discriminate against HIV-positive patients by refusing to treat them. If patients refuse testing, my human nature would assume they must be positive.

But the questions we need answers to go beyond the clinical setting. AIDS has serious implications for the business side of medicine, as well. Let's assume a worst-case scenario. If I seroconvert as a result of my increased exposure to HIV-positive and AIDS patients, a new set of questions arises. I want these questions answered, too.

Would I be able to keep my job? I have trained for years and devoted thousands of hours to becoming good at what I do. If I seroconvert, the law says I must inform my patients. As a surgeon, given the prevailing public attitudes, that means the end of my practice.

Would my employer continue to pay me? As I understand the current thinking, a surgeon with AIDS should not operate. Will the corporation that hired me continue my paycheck even if I "don't put anything on the books"? What would happen to the reputation of my employer if it became known that one of the practice's physicians had AIDS? My associates' practices would suffer, too. In a small group, in a solo practice or in a group with multiple HIV-positive physicians, the chances are good the practice would fail.

Could I keep my hospital privileges? Most hospitals have changed their bylaws to cover this problem. Hospitals and medical staffs have a certain liability if they allow me to expose patients. Here again I am a special case: Laws protect other people's rights to employment but not physicians' rights.

Could I keep my health insurance? Would my disability insurance cover me if I seroconvert? If I test positive for HIV, I know that I will eventually be sick for a long time. I need to be assured that my health policy will cover me even if I lose my job, the source of the group health policy. I also want assurance that my disability policy will cover the income I would lose long before I become sick with AIDS. Very few insurers classify HIV seroconversion as a disabling disease and it is unlikely the policy would pay, even though I

Illinois Medicine

VOLUME 3, NUMBER 23

DECEMBER 6, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15 W. 700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.

would have lost the ability to earn my living as a surgeon. It's for this reason that the AMA now offers insurance for physicians that pays a lump sum settlement on seroconversion.

Could I purchase additional life insurance to assure my family's future security? Again, insurers generally want nothing to do with AIDS patients as such policies will not generate profits. How could I protect my family's future and repay the cost of my final health care?

Would I be hounded by state agencies, my hospital or my employer? Would the confidentiality of my health status and records be protected? As a doctor I am expected to protect information entrusted to me by my pa-

tients as a sacred trust. Would I be offered that same right if I were an AIDS patient?

Would I lose my license? The Department of Professional Regulation can revoke my license for unethical practice. Would this include continuing to practice if I were HIV positive?

As an employer, what are my responsibilities to members of my staff who may become HIV positive? Since I cannot fire an employee who has AIDS, how can I protect my reputation and my patients? I would find it morally and ethically difficult to remove the support of job and benefits from an employee who may have contracted the virus from one of my patients. On the other hand, public knowledge of the positive HIV status of one of my

As a doctor I am expected to protect information entrusted to me by my patients as a sacred trust. Would I be offered that same right if I were an AIDS patient?

employees could be as damaging to my practice as if I were positive. So I cannot fire this employee – but I may not be able to afford to keep

her, either.

Despite all of this, nothing I've seen or read has caused me to question my commitment to my profession or my patients. I continue to see and treat patients regardless of their HIV status. I talk to them about AIDS and health care.

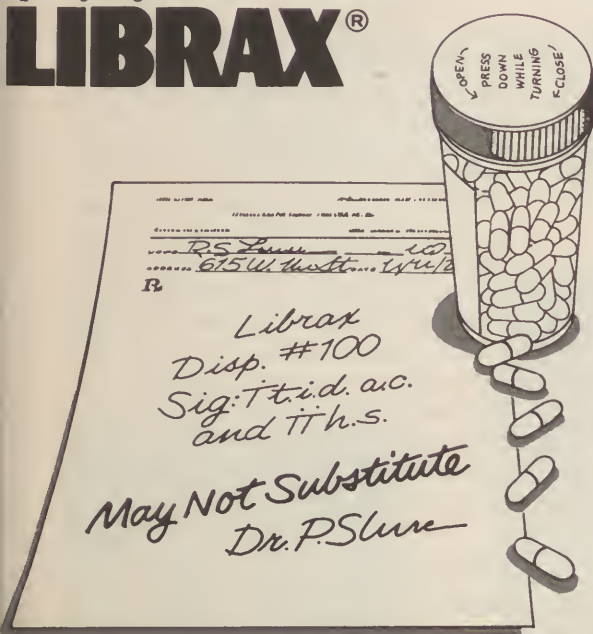
If they ask, I tell them that I don't have AIDS and that I would never take a risk that would expose my family or patients to AIDS. And that leads me to the saddest question of all.

Whatever happened to the trust between doctors and society? ▲

Dr. Hoffmann, a general surgeon from Rockford, is a member of the Illinois Medicine committee.

Specify Adjunctive

LIBRAX®



Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
“Possibly” effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur. Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary.

Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

Revised: February 1988

Roche Products Inc.
Manati, Puerto Rico 00701

**IN IBS,*
WHEN IT'S BRAIN
VERSUS BOWEL,**

**IT'S TIME FOR
THE PEACEMAKER.**

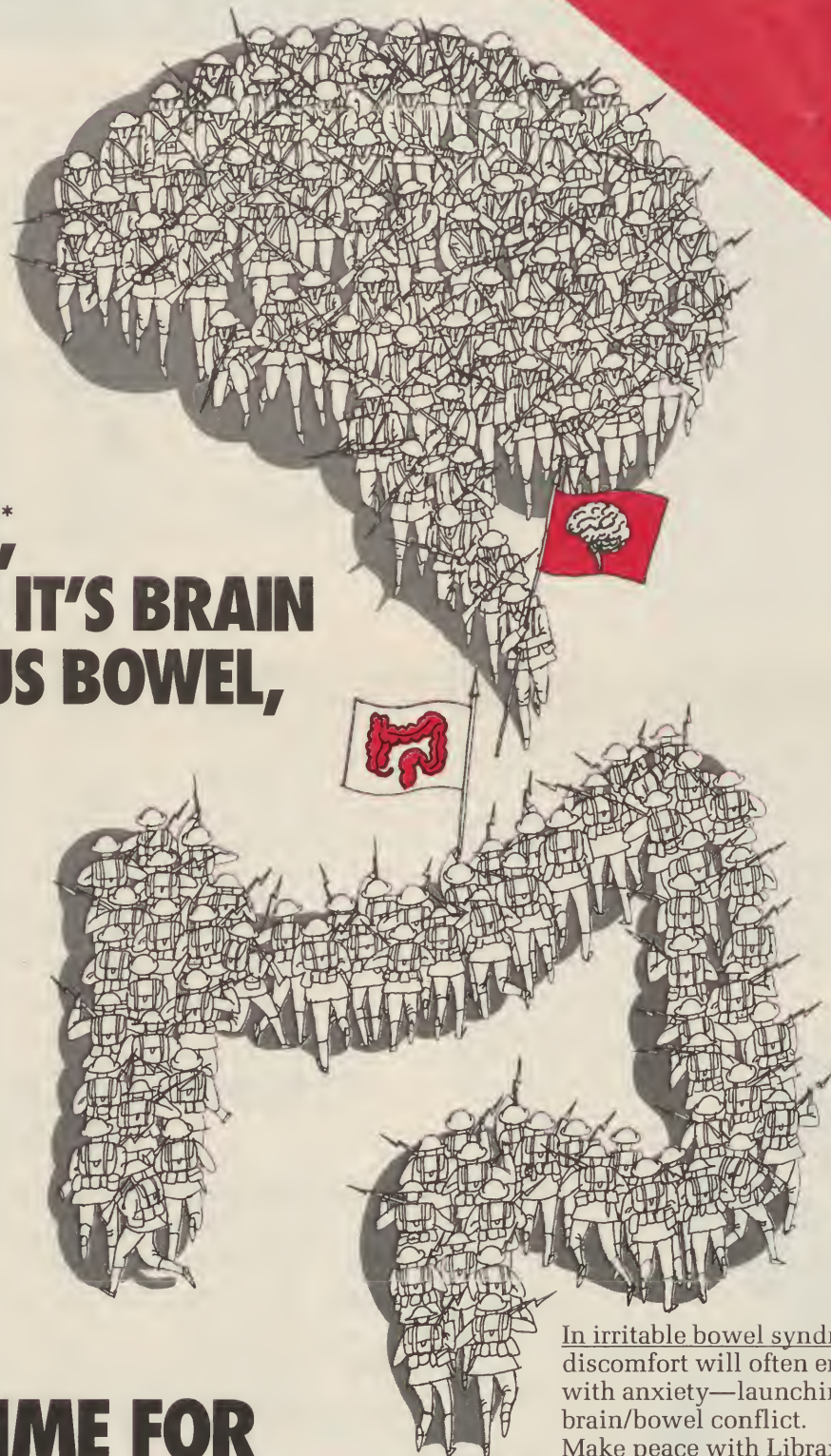
*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

Specify Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Copyright © 1991 by Roche Products Inc. All rights reserved.



In irritable bowel syndrome intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

To insist on the brand, be sure to check the “May Not Substitute” box on your prescription.

IL

ROCHE

Roche Products

Assuring a safe office workplace

UNIVERSAL PRECAUTIONS require that blood and other specified body fluids of all patients be handled as if they contain blood-borne pathogens. The Illinois State Medical Inter-Insurance Exchange and Robert Weinstein, M.D., suggest taking the following measures to assure compliance.

- Post specific protocols in each room for personnel to follow and train them how to do so.
- Ensure that personnel who come into contact with blood or other body fluids wear gloves, follow proper handwashing techniques and change gloves after each patient encounter. Other protective barriers – such as masks, aprons, gowns and eye shields – should be used, especially by personnel who draw blood or who may be splattered by blood in the process of assisting the physician with a procedure.
- Adhere to rigid sterilization, disinfection and cleaning guidelines for equipment. Check sterilizers and autoclaves periodically to assure proper operation.
- Place sharps disposal containers in each treatment room. Dispose of contents carefully and regularly. Keep out of the reach of children and post red signs alerting both staff and physicians to the potential hazard.
- Dispose of all medical waste properly.
- Consider vaccinating office staff for hepatitis B.
- Use a new instrument if there is the slightest doubt the one being used is not clean.
- Teach personnel how to collect and properly handle patient specimens.
- Avoid the need to perform mouth-to-mouth resuscitation in office emergencies; keep mouthpieces, ambu bags and other ventilation devices on hand. ▲

First of two parts: Guarding against HIV- and AIDS-related liability

Make special effort to observe universal precautions



by Carol Brierly Golin

"THE RISK of a patient contracting the HIV virus in the physician's office, even if you include invasive proce-

dures, is as close to zero as you can measure," says Robert Weinstein, M.D., an epidemiologist at Humana Hospital-Michael Reese and professor of medicine at the University of Illinois at Chicago.

Even so, five patients in all likelihood acquired the virus during oral surgery in a Florida dentist's office. The first liability claim arising from that incident was settled for policy limits of \$1 million. A second claim for more than \$1 million has been filed and a third suit has been threatened.

Infection control in physicians' offices "ranges from superb to slipshod."

The breaks in infection control that occurred at a Chicago hospital earlier this year – one in which a toddler reached into a waste disposal unit and touched a potentially HIV-contaminated needle and the other in which a possibly HIV-contaminated swab was used in a gynecological examination on another patient – dramatically underscore the need for greater attention to the subject.

Observing universal precautions in the physician's office is not only a good liability shield. Failure to do so could soon expose a physician to other penalties. Recently passed federal legislation requires states to comply with the U.S. Centers for Disease Control guidelines for preventing transmission not only of HIV, but of the hepatitis B virus. Dr. Weinstein, who directs the joint University of Illinois/University of Chicago Infectious Disease Fellowship Training Program, stresses that hepatitis B, which can be fatal, is "perhaps

100 times more likely to be transmitted than is the HIV virus."

Paying greater attention to infection control protects not only patients, but a physician's own staff as well from possible accidental exposure to HIV or hepatitis B virus. It also minimizes the chances that the physician will be exposed. But, says Dr. Weinstein, actual infection control in physicians' offices "ranges from superb to slipshod." ▲

Next issue: Treating HIV-infected patients in physician offices.

Exchange Board Briefs

The Illinois State Medical Inter-Insurance Exchange Board of Governors met Nov. 15 at the Illinois State Medical Society Conference Complex in Chicago. Following are highlights of the board's actions.

Defense can't monitor 'day in the life' videos

The Illinois Supreme Court has ruled that attorneys defending physicians in malpractice suits do not have the right to be present and ask questions during the taping of plaintiffs' "day in the life" videos, the board learned. Plaintiffs' attorneys sometimes use video presentations to illustrate to juries how plaintiffs function in daily life. Plaintiffs' attorneys maintain the videos help juries understand the true nature of the injury and spares the plaintiff the trauma of testifying.

Defense attorneys, however, say that when making the videos, plaintiff attorneys may manipulate many home situations to generate emotion and sympathy from the jury. Defense attorneys also say most plaintiff attor-

neys bring plaintiffs into the courtroom, in addition to the video presentation. Further, defense attorneys say, a video presentation undermines proper evidentiary procedure, such as cross-examination.

Defense attorneys filed a motion for the right to be present at videotapings of plaintiffs so they could share with the jury knowledge of any manufactured situations. A Cook County Circuit Court judge granted the defense attorneys' request, but that decision was overturned by the Illinois Appellate Court. The Illinois Supreme Court Sept. 26 upheld 4-2 the Appellate Court ruling.

Exchange approves concept of insuring 'open' surgicenters

Clinics insured with the Exchange will be able to use the services of non-Exchange physicians in limited situations in the near future. Responding to a request from a downstate clinic that wished to use such services, the board approved the employment of non-Exchange physicians as long as the non-clinic physician carried individual liability coverage equal to that granted to the clinic. The Exchange would cover only the vicarious liability of the clinic. The policy only applies to physicians providing services not provided by existing clinic physicians, and the credentials of the non-Exchange physician would be carefully reviewed to ensure compliance with Exchange underwriting criteria. The Board of Governors approved this concept to help policyholders in certain areas of the state meet the demands of community health care access.

Statute of limitations for minors upheld

The Third District Appellate Court has upheld the eight-year statute of limitations on minors for filing malpractice actions. ISMS and the Exchange vigorously supported this successful legislation in 1987.

Exchange looking for GFC owners

Almost 600 of the 6,200 eligible physicians in 1988 still hold Guaranty Fund Certificates (GFCs) from the Exchange. The Exchange urges all



FLIGHT SURGEONS WANTED.

Discover the thrill of flying, the end of paperwork and the enjoyment of a general practice as an Air Force flight surgeon. Take flight with today's Air Force and discover quality benefits, 30 days of vacation with pay each year and the support of a dedicated staff of professionals. Enjoy a true general practice on the ground, with the kind of stimulating challenge that will get your medical skills airborne. Talk to an Air Force medical program manager about becoming an Air Force flight surgeon. Call

**USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF**



GFC certificate holders to contact the Exchange immediately to obtain funds owed them. GFC funds not redeemed must be returned to the state.

New defendant reimbursement policy explained

New policyholders will be informed about the Exchange's new defendant reimbursement policy when they join the Exchange. The Exchange approved publication of a new brochure explaining the service and the reasons for implementing it. In July 1991, the Exchange began reimbursing policyholders \$500 a day, up to \$5,000 per policy year, for days spent defending a malpractice suit.

Exchange reserves found adequate

An audit by the Illinois Department of Insurance has declared Exchange reserve funding adequate, according to a report state auditors prepared for the board. Phase Two of the state audit begins soon and will include a review of the company's books, financial assets and liabilities. The state routinely audits all Illinois licensed insurance companies. ▲

For more information about issues, benefits and programs mentioned, write the Illinois State Medical Inter-Insurance Exchange, Twenty North Michigan Avenue, Suite 700, Chicago, Ill. 60602, or call (312) 782-1654 or (800) 782-ISMS.



Staff members of Drs. M. LeRoy Sprang, Robert E. LaPata, Loren W. Hutter, David W. Cromer, Ronald W. Miller and William C. Banzhaf listen to suggestions by Exchange staff on how to reduce malpractice risks in their offices. ▲

Wm. Daniels/The Photo Partners

VARIED COMPLAINTS... REPEAT VISITS... NEGATIVE WORKUPS...



SUSPECT PERSISTENT ANXIETY...

▲ Persistent anxiety can manifest as a variety of somatic and psychic symptoms

RELIEVE IT WITH BuSpar®...

- ▲ Proven anxiolytic efficacy¹
- ▲ Smooth, progressive action—relief starts within 1 week, progresses steadily through the fourth week of therapy¹
- ▲ No more sedation (10%) than seen with placebo (9%)²
- ▲ Nonaddictive, no evidence of withdrawal syndrome³
- ▲ More commonly observed untoward events include dizziness (12%), nausea (8%), headache (6%), and nervousness (5%)

BuSpar® 10mg

(buspirone HCl)

Progressive Relief of Persistent Anxiety.

BuSpar® (buspirone HCl)

References: 1. Feighner JP, Cohn JB. Analysis of individual symptoms in generalized anxiety—a pooled, multistudy, double-blind evaluation of buspirone. *Neuropsychobiology*. 1989;21:124-130. 2. Newton RE, Marunycz JD, Alderdice MT, Napoliello MJ. Review of the side-effect profile of buspirone. *Am J Med*. 1986;80 (suppl 3B):17-21. 3. Lader M. Assessing the potential for buspirone dependence or abuse and effects of its withdrawal. *Am J Med*. 1987;82 (suppl 5A):20-26.

Contraindications: Hypersensitivity to buspirone hydrochloride.
Warnings: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

Precautions: **General—Interference with cognitive and motor performance:** Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol.

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug dependent patients: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdrawal patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (eg, dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (ie, represent akathisia).

Information for Patients—Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how this medication affects them.

Drug Interactions—Concomitant use with other CNS active drugs should be approached with caution (see **Warnings**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less tightly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.
Carcinogenesis, Mutagenesis, Impairment of Fertility—No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects—Pregnancy Category B: Should be used during pregnancy only if clearly needed.

Nursing Mothers—Administration to nursing women should be avoided if clinically possible.
Pediatric Use—The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly—No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose of 15 mg.

Use in Patients with Impaired Hepatic or Renal Function—Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

Adverse Reactions (See also Precautions): Commonly Observed—The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients, include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated with Discontinuation of Treatment—The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea, miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials—Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: **Cardiovascular:** Tachycardia/palpitations 1%, **CNS:** Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%, **EENT:** Blurred vision 2%, **Gastrointestinal:** Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%, **Musculoskeletal:** Musculoskeletal aches/pains 1%, **Neurological:** Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%, **Skin:** Skin rash 1%, **Miscellaneous:** Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation—The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses of the drug under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. **Cardiovascular—**frequent: non-specific chest pain; infrequent: syncope, hypotension, hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. **Central Nervous System—**frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, tearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, slurred speech, psychosis. **EENT—**frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. **Endocrine—**rare: galactorrhea, thyroid abnormality. **Gastrointestinal—**infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. **Genitourinary—**urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. **Musculoskeletal—**infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. **Neurological—**infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. **Respiratory—**infrequent: hyperventilation, shortness of breath, chest congestion; rare: epistaxis. **Sexual Function—**infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. **Skin—**infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. **Clinical Laboratory—**infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. **Miscellaneous—**infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, hiccoughs.

Postintroduction Clinical Experience—Rare occurrences of allergic reactions, cogwheel rigidity, dystonic reactions, ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

Drug Abuse and Dependence: Controlled Substance Class—Not a controlled substance.

Physical and Psychological Dependence—Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (eg, development of tolerance, incrementation of dose, drug-seeking behavior).

Overdosage: Signs and Symptoms—At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. No deaths have been reported in humans either with deliberate or accidental overdosage.

Recommended Overdose Treatment—General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

For complete details, see Prescribing Information or consult your Mead Johnson Pharmaceuticals Representative.

U.S. Patent Nos. 3,717,634 and 4,182,763
MJL8-4270R2

Mead Johnson
PHARMACEUTICALS
A Bristol-Myers Squibb Co.
Princeton, New Jersey 08543
USA

CDC delays release of HIV "exposure-prone" procedure list



by Tamara Strom

PRESSURE from medical groups forced the U.S. Centers for Disease Control to alter plans to release a list of so-called

"HIV exposure-prone" procedures Nov. 15.

"We didn't publish the list today obviously," CDC spokesman Tom Skinner told *Illinois Medicine* on the deadline date. "We are more or less

evaluating comments that we received from medical groups during the Nov. 4 public hearing. We're going to continue to work with those groups and try to build a consensus before we publish a list."

The list was proposed in the CDC's guidelines for limiting HIV and hepatitis B transmission in health care settings, released this summer. But U.S. health care groups, including the American College of Surgeons and the American Dental Association, refused to participate in efforts to identify such procedures, claiming the list has no scientific basis. The American Medical Association is the only major health care organization still supporting the concept.

Although Skinner said CDC was

not shocked that so many medical groups rejected the proposal, he indicated the agency will not proceed without their support. "This is a very important issue, and it's important that we work together. We're not going to act alone," he said. "We will try to develop a list, but whether or not we do remains to be seen."

"We still stand behind our guidelines, with what they stand for and represent," Skinner noted. "We maintain that doctors who practice high-risk procedures — especially those involving blood-to-blood contact — should know their HIV status, and if they are positive, should refrain from performing those procedures unless they have consulted with a panel of experts."

'Irrelevant and counterproductive'

The American College of Surgeons, a vocal opponent of the CDC guidelines since they were released in July, says the available science cannot support them. According to the studies conducted to date on HIV-infected surgeons, no physician has passed the virus to a patient.

"Insurers, licensing bodies, government agencies, legislative bodies and others are proposing rules based on these guidelines that will dramatically increase the cost of medical care and have a significant impact on the surgical community," according to an ACS policy statement. "We deplore these actions because they are not based on direct scientific data; they are not cost-effective; they are intrusive to the extreme; and they are unable to achieve their desired intent."

Because only one case of probable HIV transmission from a health care worker to patient has been documented — the David Acer, D.D.S., case in Florida — the threat of physician-to-patient transmission is "purely hypothetical," ACS says. Therefore, the surgeons' group maintains creating a list of HIV risk-prone procedures would be "irrelevant and counterproductive."

Instead, ACS supports minimizing any theoretical risks of transmission by health care workers through use of strict infection-control techniques and universal precautions. The surgeons maintain that any regulatory measures implemented to protect patients and health care workers from potential HIV infection should be based on scientific data, "not on unfounded hysteria."

'Not a reversal'

The ADA was within a month of releasing its own list of exposure-prone procedures when its House of Delegates met in October and voted not to complete the task. The dentist delegates, like their surgeon colleagues, contend no scientific data can support a list, even though the one documented case of possible HIV transmission from doctor to patient occurred in a dental office.

"We are pleased the CDC is postponing the list and will evaluate comments from the scientific community," said ADA spokesman Susan Shaffer. "We still concur that the best protection for patients is strict adherence to universal precautions. The decision to postpone a list is based on science and we think it's a good step."

When the ADA's AIDS Task Force began compiling a list this summer, Shaffer explained, the members "saw the difficulty of creating a list and the lack of scientific data to base it on." The House of Delegates decision was "not a reversal," she said. Rather it reflected "a reality in a continually changing environment. The information that came to light made the final determination against a list appropriate."

AMA's position 'not cast in concrete'

The AMA's "conservative posture" in support of CDC's proposed exposure-prone list is "not cast in concrete," said M. Roy Schwarz, M.D., AMA senior vice president for medi-

(continued on next page)

The Doctor's New Career



"Grown attached to your bobber?" Wilbur asked. The doctor didn't bother to stop toeing the line long enough to tell Wilbur about his new career as a fly caster, divot replacer, and backyard barbecuer. Nor did the doctor need to say much about his outstanding new **Medicare Supplement Plan** from the Physicians' Benefits Trust. With his coverage picking up 100 percent of the Medicare-eligible hospital expense not covered by Medicare, the doctor wasn't about to tell Wilbur it was exclusively for physicians, nor was he going to tell Wilbur there were two other plan options available — each designed to provide quality protection at low cost group rates. "Yes, sir," the doctor replied, "You might say it's just what the doctors ordered."

If you're fishing around for a bargain, obtain all the **Medicare Supplement** coverage you'll ever need from the Physicians' Benefits Trust. If you're approaching age 65 (or already are there or beyond), you owe it to yourself to check out this outstanding coverage.

For information, call toll free: (800) 621-0748 or call: (312) 559-9130 or mail coupon:

- ☐ Please send information about the **Medicare Supplement Plan** from the Physicians' Benefits Trust.
☐ Also send information about the other PBT plans I have checked.

- ☐ Major Medical
☐ Excess Major Medical
☐ Hospital Indemnity
☐ Dental
☐ Long Term Disability
☐ Term Life
☐ Accidental Death & Dismemberment
☐ Personal Umbrella
☐ Office Overhead
☐ Office Benefits Program

Name: _____

Practice Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Mail to: Physicians' Benefits Trust
 222 South Riverside Plaza, Suite 2360
 Chicago, IL 60606

PBT Physicians' Benefits Trust

PBT
Physicians'
Benefits Trust
 sponsored by Chicago Medical Society & Illinois State Medical Society

Nokomis dentist's patients test negative for HIV

by Anna Brown

EVERYTHING SEEMS BACK to normal in Nokomis, the central Illinois town where a dentist died of AIDS in October 1990. The emergency HIV testing site in Montgomery County closed Sept. 14 after testing 1,132 of the dentist's patients. None tested positive for HIV.

At its peak, the site tested 35 to 40 people per day, earning the title of second busiest HIV testing site in the state.

"Everyone is extremely relieved," said Tom Larson, administrator for the Montgomery County Health Department, about the negative results. "In a group that size you might ex-

pect at least one infected person."

The Illinois Department of Public Health notified 4,500 of the dentist's patients by certified mail that they might have been treated by an HIV-infected health care worker, said Tom Schafer, IDPH spokesman. The patients could seek free HIV tests at sites in eight downstate counties. Seven of the sites already existed, but the Montgomery County center was established specifically for testing the Nokomis patients, Schafer said.

He explained the site was set up quickly because of "a sense of urgency on the part of the public." The state provided \$30,000 to fund tests and counseling at the eight sites, at a

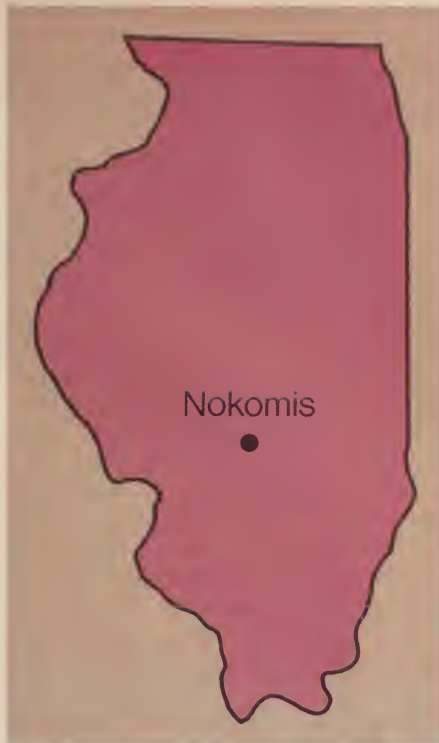
cost of roughly \$20 per patient.

"If something like this were to happen again, we would do nothing differently," Larson said. "We didn't have any problems at all."

Most of the testing for the Montgomery County site was administered by local health department staff, Larson said. IDPH brought in and paid for a phlebotomist from Hillsboro Hospital, as the local nursing staff was reluctant to draw blood from children, he said.

Initially, the county provided individual counseling to patients being tested, but people didn't want to spend the time, Schafer said. Group counseling was more efficient, and

(continued on page 10)



In October 1990, a Nokomis dentist died of AIDS. Since then, 1,132 of his patients have been tested for HIV in Montgomery County. None tested positive.

CDC

(continued from previous page)

cal education and science.

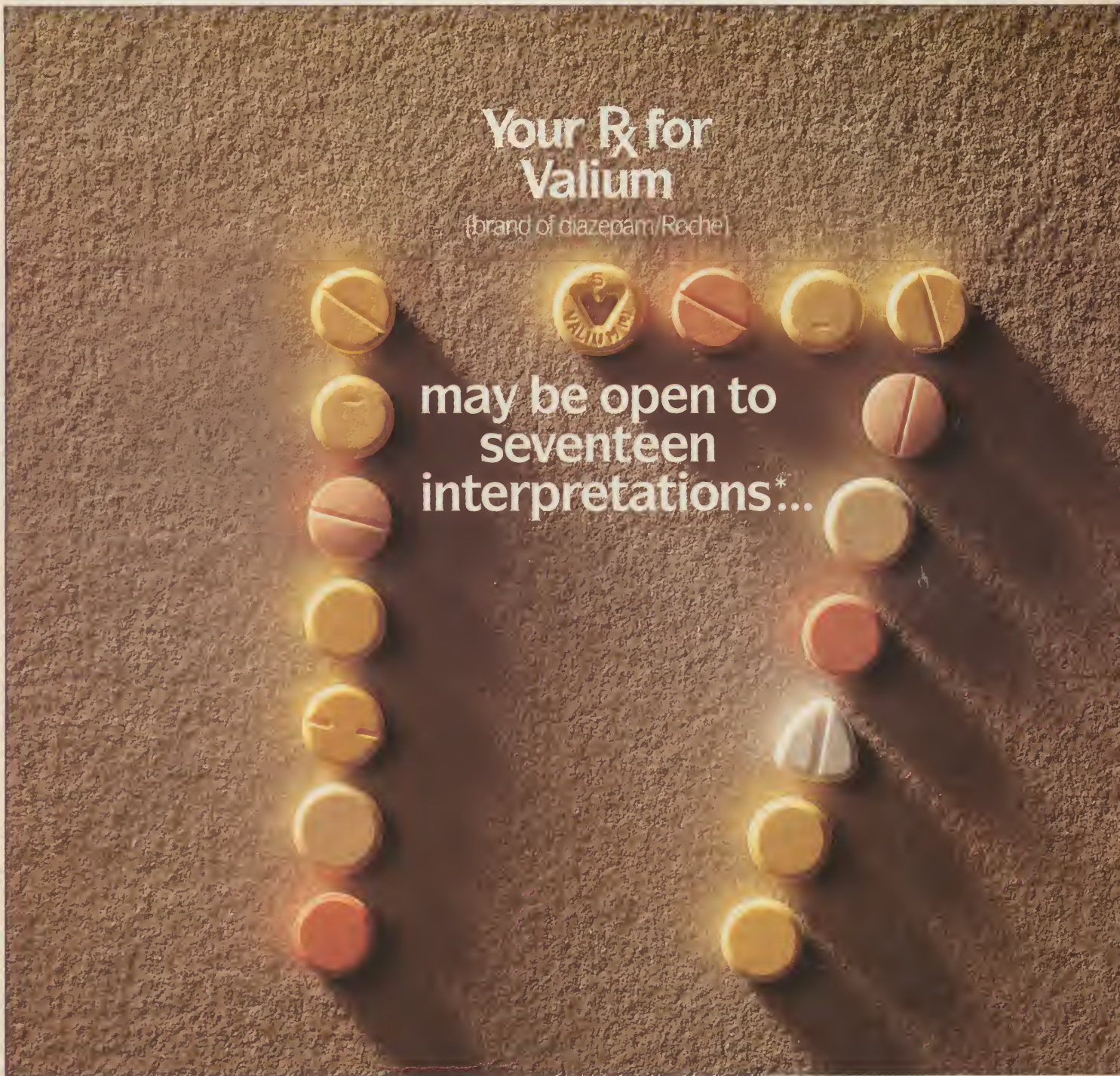
"AMA policy is continually evolving, and I suspect it will continue to evolve," Dr. Schwarz said. "But for right now, our policy is to bend over backwards to make sure patient safety is foremost. If there is any doubt, you err on the side of protecting patients. It's a question of, 'How firm is the science?'"

Dr. Schwarz said the AMA Board of Trustees has been grappling with its HIV position since January, when the association's "tell or quit" policy for infected physicians was first released. Although the AMA House of Delegates backed the policy in June — while at the same time calling for more study on risks of transmission in health care settings — board discussion and debate about the issue continues, he said.

"Some board members feel very strongly that when in doubt, the patient's welfare is what must take precedence; it becomes an ethical issue," Dr. Schwarz said. "Those people would have to be convinced ... before they would change their position."

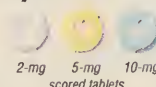
He acknowledged the AMA has been criticized by medical specialty organizations for its position "given the science" and for sending a "mixed message" to the public. "We knew when we went to CDC [for the Nov. 4 hearing] that we would probably be the only organization down there with this posture," Dr. Schwarz said. "The board does not want to contribute to the public hysteria, but they have not officially recommended moving from where we are now. They are well aware of the opinion of some people that there were special circumstances in the Acer case — that it's an unusual, bizarre outlier."

The AMA will continue to work with CDC and the other medical groups currently fighting the creation of a risk-prone procedures list, said Dr. Schwarz. "I hope we will have more of a consensus." ▲



unless you settle the issue by checking the "May Not Substitute" box.

VALIUM
brand of
diazepam/Roche [®] _®



The final choice should really be yours

The cut out "V" design is a registered trademark of Roche Products Inc. Copyright © 1991 by Roche Products Inc. All rights reserved.

Roche **Roche Products**
Roche Products Inc.
Manati, Puerto Rico 00701

*According to the Orange Book, 10th ed, US Department of Health and Human Services, 1990, diazepam tablets may be available from as many as 17 companies. Tablets shown represent 5 mg diazepam tablets.

Nokomis

(continued from page 9)

health care workers were able to answer questions the patients had. They explained the minimal risk of HIV transmission by health care workers and other AIDS-related issues.

Records not accessible

Before Gov. Jim Edgar signed S.B. 999 on Oct. 4, which requires IDPH to notify selected patients of physicians who are HIV-positive or physicians who have performed certain procedures on patients with HIV infection, the department did not have legal access to the dentist's patient records. Even after the dentist's family granted IDPH permission to notify his patients, department officials engaged in difficult negotiations

with the family's attorneys to determine which parts of the records would be made available. Finally, IDPH was granted access to patient names and addresses, but not specific procedures. Consequently, some individuals who were not patients of the HIV-infected dentist were contacted.

"Some patients had been treated by a previous dentist at the same practice," said Schafer. "These people were angry to receive such a frightening letter when they weren't at risk at all."

The letter itself was unspecific, stating only that the individual had been identified as a former patient of a downstate health care worker who died of AIDS, Schafer said. "We couldn't be specific from a confidentiality standpoint," he said. "If we had access to the records we would

have been able to be more specific."

Larson said that had S.B. 999 been in effect, notification would have occurred much sooner.

"The Montgomery County site was closed after appointments fell off," said Schafer. "We didn't turn anyone down who wanted to be tested." He said IDPH is not recommending further tests for the patients because the time between the dentist's death and the beginning of testing was well

beyond the six-month "window" for seroconversion.

Larson and Schafer both attest that the crisis is over. "It's just about forgotten now," said Larson. "We don't even hear about it anymore."

Even so, Schafer is wary about the current tranquility in the area. "Minds are eased at this particular instance," he said, "but I can't answer for the future." ▲

AIDS task force

(continued from page 1)

"For physicians in Illinois, the recommendations of the task force could mean the difference between having a fair and efficient method of reporting HIV status, or an unfair mechanism," said Nestor Ramirez, M.D., an Urbana pediatrician who was named task force chairman. "We have to be very careful in what we do and what we propose to the governor. We need to word things very carefully to make it fair for everyone."

The first of five task force meetings was held Nov. 18 in Chicago, when Dr. Lumpkin and other experts briefed members on their charge. The panel must make recommendations to IDPH on the risk of HIV transmission in health care settings, prevention of transmission, disclosure and confidentiality issues, and funding for implementing S.B. 999 and the CDC guidelines.

"We're establishing this task force to begin to resolve the role of government in fighting this epidemic, particularly in relationship to the health care setting," said Dr. Lumpkin. "We have to re-establish the faith of the public in health care. We're concerned that people, because of fear of HIV and the issues it has raised, have forgone health care."

"The second thing we want to do is minimize the risk to patients in the health care setting," he continued. "That is based upon an evaluation by the experts in the panel of what the real risks are, and what the government can do to minimize those risks."

"This is a complex emotional issue," Dr. Lumpkin said. "But government has a role to play. We look forward to the work of the task force to help us set that direction."

Tackling the issues

Task force members are health care professionals from several medical specialties, including public health and dentistry, and five members of the public.

"I have included members of the general public as well as health care experts because all the people of Illinois potentially could be affected by how we handle this issue," Edgar said.

According to Dr. Lumpkin, concern about HIV infection of health care workers has increased since the CDC's discovery that several patients contracted HIV from a Florida dentist. Last July, a Nokomis dentist's death from AIDS caused more than 1,000 of his former patients to be tested for HIV. None tested positive. Edgar signed S.B. 999 Oct. 4 to address public concern and fear of contracting HIV from health care workers.

Larry Von Behren, M.D., the task force's infectious disease specialist, said the most important issues facing the group are the scientific realities

of the data on transmission and prevention. Dr. Von Behren is an assistant professor at the Southern Illinois School of Medicine in Springfield and director of the southern Illinois site of the Midwest AIDS Training and Education Center.

"We need to put the negligible risks of HIV transmission in the health care setting in a proper perspective that the public and the legislators can understand," said Dr. Von Behren. "Probably the biggest problem is how funding is going to be found in this time of very severe fiscal realities in this state."

In determining the risk of HIV transmission in the health care setting, Dr. Von Behren said, the task force will not have to "reinvent the wheel. There are data available that the CDC is already collecting." Although the exact risk cannot be defined, he said the magnitude of the risk is extremely small. "By the estimates available, the probabilities of a patient sustaining a fatal automobile accident on the way to the hospital is by far greater than any risk of acquiring HIV from a care giver," he said.

Dr. Von Behren fears that public concern over contracting HIV from health care workers could distract attention from the "real areas of transmission, sexual encounters with people who are infected and sharing needles by IV drug users."

"One can speculate that if [former Los Angeles Lakers basketball player Earvin] Magic Johnson's disclosure had to come, maybe the timing is very useful," he said. "It gives us the impetus to point to an example of what we've been saying all along. I hope it will make a difference. If rationality prevails in the deliberation of the task force, the recommendations will be very reasonable."

In addition to Dr. Ramirez and Dr. Von Behren, members of the Governor's Task Force on AIDS in Health Care are Cary F. Andras Jr., M.D., orthopedic surgeon, Jacksonville; Robert W. Back, public member, Wheaton; Chauncey Cross, D.D.S., dentist, Springfield; Anthony Dekker, D.O., family physician, Chicago; Jacek B. Franaszek, M.D., emergency physician, Hinsdale; Sarah Fredrickson, M.D., general surgeon, Carol Stream; Larry Hurdley, hospital administrator, Danville; John Lantos, M.D., medical ethicist, Chicago; Paul Levy, Ph.D., University of Illinois School of Public Health, Chicago; Sharon Lyn, R.N., Lynwood; Carol Mason, R.N., infection control specialist, Winfield; Nancy J. Rivera, executive director, Midwest Hispanic AIDS Coalition, Chicago; Anita Rundquist, public member, Butler; Virginia Scott, administrator, Jackson County Health Department, Murphysboro; Ellen Stimson, public member, Edwardsville; Howard T. Strassner, M.D., obstetrician/gynecologist, Chicago; and David Wolfe, project director, Chicago Urban League, Chicago. ▲

YOCON[®]

YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

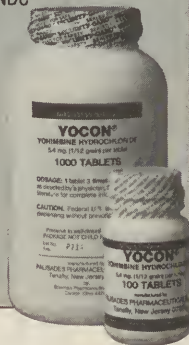
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**

219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

S.B. 999

(continued from page 3)

additional patients of Dr. Acer had tested HIV positive, bringing the total the Florida dentist is suspected to have infected to five.

- On June 21, a letter written by Kimberly Bergalis, a patient of Dr. Acer who is dying of AIDS, was made public. The letter blasted the medical and legal establishment for failing to prevent the possibility of HIV transmission from health care workers to patients. Pullen would later quote excerpts of the letter on the House floor when S.B. 999 finally came to a vote.

- On June 24, one day before Petka's amendment passed the Illinois House, Vice President Dan Quayle, in Chicago to address the American Medical Association's annual meeting, told reporters that he thought all health care workers should be subject to mandatory HIV testing. Asked later about Quayle's comments, Gov. Jim Edgar concurred.

- On June 26, the day Petka's bill was defeated, the AMA passed resolutions approving voluntary testing of health care workers and relaxing informed consent to testing procedures. Delegates refused to endorse mandatory testing.

All the while, the media was covering the issue, many supporting the intent of Petka's legislation in editorials. A Chicago *Sun-Times* editorial cartoon running July 4 was typical: A patient covered from head-to-toe in a radiation protective suit is about to undergo a physical examination. The nurse says to the examining physician, "Hey, Doc, I think the patients want you to disclose your HIV status!"

Finally, frustration over the Nokomis records became so intense that Hasara went on the House floor, where she had immunity from prosecution, and threatened to reveal Dr. Darr's name if steps were not taken to notify his patients. Many believed her action would have violated Illinois' AIDS Confidentiality Act.

An alternative

Whether the climate amounted to "hysteria," as many at the time contended, or whether legislators were truly caught off guard by the sudden rejection of Petka's bill, many House and Senate members felt some legislative response was imperative.

ISMS was no exception. "We knew that legislators, hanging around Springfield for weeks with literally nothing to do, might come up with more draconian responses," Morse says. "An ongoing dialogue between interested parties ensued to develop a fairly well-reasoned approach to this problem."

"Somewhere within hours of [the defeat of S.B. 263], the medical society in particular, from what I could tell, perceived the need to offer an alternative," Pullen says. "They were interested in balancing the legislation to give notice to health care workers who performed invasive procedures on patients who later turn out to be infected, something I certainly welcomed."

According to Pullen, S.B. 999, which, like Petka's S.B. 263, provided for HIV testing of accused sex offenders, was identified as a vehicle for compromise legislation. Intensive negotiations took place among

the bill's sponsors, Sen. John Daley (D-Chicago) and Rep. Pamela Munizzi (D-Chicago); other interested legislators; and representatives of ISMS, INA, ISDS, IDPH and others.

Calling the result, "A compromise that turned out to be more comprehensive and, I thought, a better bill," Pullen says, "The overtime marathon session gave those who were concerned about this a window of opportunity to keep the issue alive. It gave many people who had been uncomfortable with their nay vote [on S.B. 263] the opportunity to address this issue on behalf of the public."

On July 11, the Senate approved 53-0 the conference committee report on S.B. 999. On July 15, 19 days after the defeat of S.B. 263, the House followed suit 104-5. The governor signed the bill on Oct. 4 and

announced an AIDS task force to advise on the law's implementation Nov. 13.

Neither Morse nor Pullen believe S.B. 999 ends the debate, however. Pullen claims that IDPH's draft regulations weaken S.B. 999's provisions, and she says she is reserving comment on the task force because she is "acquainted with only about two names on the task force, which troubles me."

"I have trouble envisioning S.B. 999 as the end in this whole area," says Morse. "And while AIDS will always be a very emotional issue, especially as long as there's the perception that the only result of AIDS is death, I hope any additional laws can be developed in a different atmosphere." ▲



State Rep. Penny Pullen (R-Park Ridge) was a principal player in the passage of the HIV notification bill.



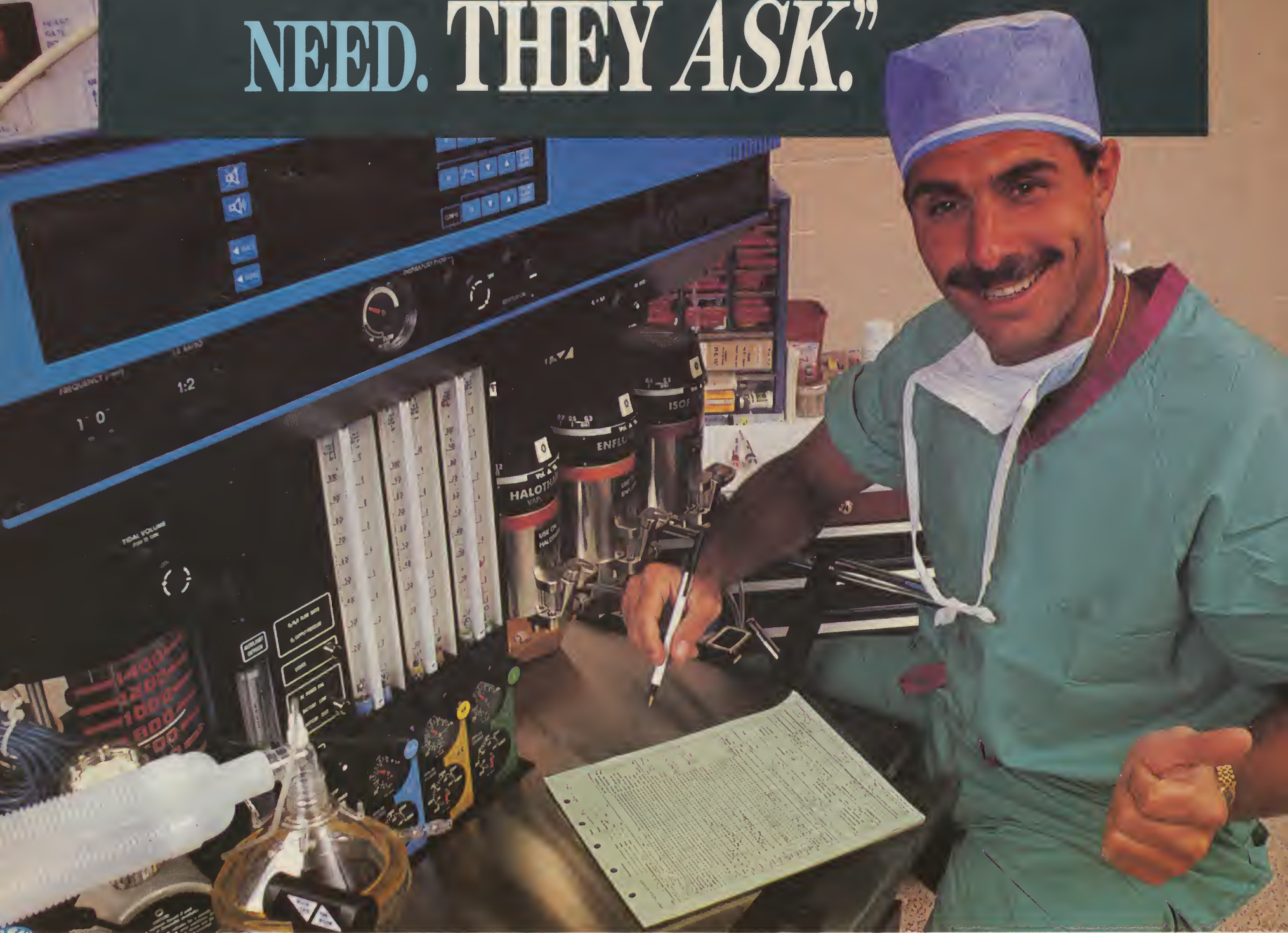
Enhancing The Quality of Life Worldwide

Upjohn is a company with a century-old commitment to enhancing the quality of life throughout the world. We believe that the discovery and development of innovative new products is the way to achieve that goal. We seek fresh scientific knowledge and put it to effective, practical use in the fields of human pharmaceuticals, pharmaceutical and specialty chemicals, animal pharmaceuticals, and vegetable and agronomic seeds.

Upjohn

Helping People Lead Healthier Lives.

"APIC HAS AN UNUSUAL WAY OF FINDING OUT WHAT PHYSICIANS NEED. THEY ASK."



Our group of 17 anesthesiologists originally chose Associated Physicians Insurance Company for our professional liability insurance because they saved us money on our premiums. We have since found that there is more to APIC than competitive premiums.

When APIC wanted to encourage their insured anesthesiologists to follow the ASA protocols to reduce claims, they decided that a substantial credit on premiums might be appropriate. That was a pleasant surprise.

More surprisingly, they invited us and other anesthesiologists to help them craft the policy language and the guidelines that would be used to determine eligibility for the premium credit.

Imagine that. An insurance company that comes to you to offer a premium credit and asks you the best way to do it.

If your professional liability insurance company is too big or impersonal to really communicate with you, maybe it's time to see for yourself why over 1,100 physicians have chosen APIC. You will find them doing something unusual for an insurance company...*listening*.

—Michael Perconti, M.D.
West Central Anesthesiology Group
Oak Brook, Illinois



ASSOCIATED PHYSICIANS INSURANCE COMPANY

Physician Owned/Professionally Managed/Financially Secure

For more information about APIC call toll-free 1-800-942-APIC
Administered by Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

Hospitals snatch up ISMS advance directives brochure

by Anna Brown

AS FAST AS the Illinois State Medical Society can print copies of its advance directives brochure "A Personal Decision," hospitals are snatching them up in preparation for Dec. 1. This is the effective date of the Pa-

tient Self Determination Act, a federal law requiring health care facilities to inform patients of their advance directives rights and to offer counseling on the subject.

The brochures are moving so fast that within two days, 50,000 copies were distributed to hospitals in

quantities of up to 10,000. Recent publicity also generated hundreds of phone calls and letters from the public requesting copies.

The brochure explains advance directives options and includes forms for living wills, power of attorney for health care and organ donation. ISMS recently updated the brochure, including space for hospital names on the cover. An insert to help hospitals comply with the federal law describes Illinois law regarding advance directives, DNR codes and Illinois' new Health Care Surrogate Act.

Coming this January from ISMS is "A Physician's Guide to Advance Di-

rectives," a packet of information detailing the Illinois Living Will Act, power of attorney for health care, the Illinois Health Care Surrogate Act and the Illinois Uniform Anatomical Gift Act. The packet will include a copy of "A Personal Decision" to help physicians understand various advance directives measures available to patients.

Under the new federal law, patients will not be required to execute advance directives, but must be fully informed about health care alternatives by hospital staff. Hospitals and physicians need to be prepared to inform patients and listen to their concerns to make sure their wishes are being carried out, even if they are no longer capable of making or communicating their decisions. ▲

Cost Containment Council

(continued from page 1)

port for the association's position in the dispute. IHA is asking its members for the same data the Council receives - an action IHA said it is taking in case the contract is canceled. The IHA could then enhance and re-release the data to Illinois hospitals without Council involvement.

In October, the Council gave IHA 60 days notice that it intends to terminate the contract that gives the association access to the hospitals' data. The Council action came after allegations that IHA had achieved a "hot wire" into the Council's data base not shared by others. Additional concerns surfaced about IHA's providing patient-record-level, physician-identified data among its competing member hospitals.

The Illinois State Medical Society, which holds a seat on the Council, vigorously supported the majority of the Council members in their action due to physician concern over IHA's use of the data.

Negotiations aimed at devising a new agreement are ongoing during the 60-day period, and the rule change is just part of those negotiations. Council member Frank Gramm, a representative of the Benefit Trust Life Insurance Co., said the rule adoption is a Council effort to "get its act together the same way IHA has done," in securing new agreements about data release from its member hospitals. In light of the lag time it takes for formal rule adoption, he said, the Council would be "derelict" if it didn't prepare for the future. "If the negotiations aren't successful, we're dead in the water."

Nevertheless, Steven Scheer, IHA representative to the Council, questioned the Council's sincerity in seeking an accord. "My perception is that the Council doesn't even want to negotiate," Scheer said of the new rules.

But Council members vehemently denied that assertion, calling the rule adoption a "prudent" preparation measure. "Our looking at the rules is no different than you getting new contracts from your hospitals" to act as their agent in receiving the data, said Council Chairman Johanna Lund. "It's absolutely appropriate to sit and say, 'What if [the negotiations fail]?' "

IHA officials, however, predicted their members would be angered by the new rule. "This is not a threat," IHA Vice President James J. Kowalczyk told the Council. "But if the Council does change its rules limiting [hospital] access to the data, there will be many, many hospitals that will become very, very upset. It does represent an overt action by the Council to alter a long-standing rule."

Lund said she knows the new rule "won't sit well in some quarters, but I hope [hospitals] take it in the spirit it was intended." She said she has received several angry telephone calls from hospital administrators criticizing the Council's scrutiny of the IHA agreement.

"We are not trying to limit hospitals' access to their own data," Lund said, adding that hospitals have that right under state statute. "What we are doing is reviewing with IHA how it will be done. The reason we are performing the review is not to withdraw anything from hospitals. We are simply negotiating to replace the way they now review data."

Lund said IHA and the Council have held two negotiating sessions to date and a third meeting will be held later this month. She declined to comment on progress in the negotiations and said she could not speculate about the possible outcome.

The Council is also studying creating its own hospital-oriented data set to offer Illinois health care facilities and the public. Lund said she supports expanding public release of appropriate information about health care costs in Illinois.

ISMS concerns

Meanwhile, ISMS continues to relay its concerns to the Council about IHA's release of physician-specific data about admitting practices to hospitals without the medical staff's knowledge or consent. A Nov. 18 letter from ISMS Chairman of the Board George T. Wilkins Jr., M.D., to chiefs of hospital medical staffs, hospital medical staff section representatives and county medical societies warns of the potential use of the data by hospitals for economic credentialing.

For example, the letter notes, hospitals could use the data when deciding physician appointments to a hospital medical staff, evaluating a physician's economic impact at a given hospital or for recruiting and retention of certain physicians based on their payer mix.

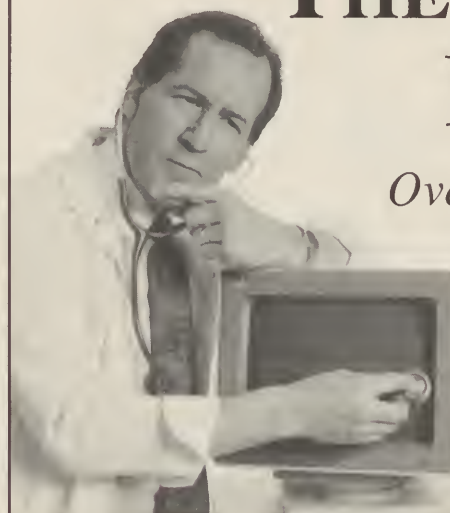
"In many instances," Dr. Wilkins writes, "hospitals may not have sought physician consent for outside use of this data. Thus, information about you and your patients could be widely publicized to other hospitals - even to those with which you have absolutely no relationship. The Illinois State Medical Society is working vigorously to limit the potential for hospitals' inappropriate use of physician-identified data."

Dr. Wilkins recommends physicians meet with hospital administrators to determine if the hospital is using data from IHA without input from the medical staff. He also urges doctors to raise this issue at medical staff meetings to discuss the impact on physicians if, in fact, their hospitals are obtaining physician-specific information. ▲

THE MEDICAL MANAGER

Over 50,000 Physicians,
Over 70 Specialties

Put accurate, financial,
clinical, and management
information at your
fingertips and improve your
overall operating efficiency.



Computerized records management is a must for today's successful practices. Patients expect their Physicians to be as up-to-date in their front office operations as they are in their treatment procedures. And the front office operation leaves a lasting impression on the patient about the practices' professional character.

The Medical Manager is one of the most successful software programs available to Physicians today. Here's some of the things it can help you do:

- * Insurance claim processing
- * Clinical history
- * Procedure/Diagnosis history
- * Front office management
- * Payment processing
- * Patient billing
- * Appointment scheduling
- * Recall/Reminder notices
- * Patient financial history
- * Practice financial management
- * Referring Physician information
- * Hospital rounds
- * Chart note look-ups
- * Electronic claim submission
- * Productivity analysis

Effective business management also translates directly into increased investment, travel, hobby and retirement take home dollars. Increased employee productivity and higher collections are the direct result of effective computerized front office organization. Join the thousands of physicians who have regained control of their front office with *The Medical Manager*. Call toll-free today!

MEDICAL MANAGER: SINGLE USER	\$3,250.00
MEDICAL MANAGER: 2 - 5 USERS	\$4,000.00
MEDICAL MANAGER: 6 - 11 USERS	\$4,500.00

Structured on-site training, support, and assistance available.



Reiser, Jennings and Co.
of Illinois P.C.
2412 East Washington
Bloomington, Illinois 61704
1-800-677-2814

While the government will be using the new codes this year, it is still uncertain whether other commercial payers will use them as well.

The new codes and coding procedures are the result of a new prioritization of physician services, part of the Medicare payment reform system, the resource-based relative value scale (RBRVS). "Under RBRVS, the federal government will not pay claims using the existing codes because these codes include no relative values," said Dr. Reardon. "There is simply no way to plug the old codes into the new RBRVS system."

The transition to the new coding system may be initially confusing. However, the new coding should provide a more accurate description of the actual work and effort that goes into providing services and diagnosing and treating patients. Medicare payment as a result will more accurately reflect the cognitive aspects of patient management.

For example, there are now five codes for physician consultations. In January, a physician will have 18 different codes to choose from. According to many physicians, the current system did not adequately recognize the complexity of treating patients with multiple health problems, such as a patient with pneumonia, high blood pressure and diabetes.

Dr. Reardon said the key to a successful transition to the new codes is to become familiar with the definitions outlined in the introduction of *CPT 1992*. A physician will not be able to take an existing code used for a current patient and assume there is a correlating new code. Physicians will have to work with their billing staff to ensure that the work and decision making a doctor applies to each case is properly assessed and assigned the appropriate code. In other words, the medical decision making used in each case, not the diagnosis, determines the proper code. In addition, physicians will have to consider whether they need to change their computer system or their paper billing system to accommodate the new codes.

In the next few days, Blue Cross and Blue Shield of Illinois, the

Questions about the codes?

Physicians with questions about the new codes may call the ISMS Division of Health Care Finance at (312) 782-1654 or (800) 782-ISMS. Answers to the most common questions will appear in future issues of *Illinois Medicine*.

To obtain a copy of the 1992 *CPT* codebook, physicians can contact the AMA at (800) 621-8335. AMA-member cost is \$27.

state's Medicare Part B carrier, will be mailing the definitions and instructions on how to use the codes in the same package with the annual participating physician solicitation letter. "Physicians and their office staff should be on the lookout for this mailing," Dr. Reardon cautioned. "Don't throw it away thinking it is unimportant. This mailing will guide your billing of Part B claims for 1992."

Blue Cross and Blue Shield will hold seminars to aid doctors and their staff adapt to the new coding system. Despite urging from ISMS, however, Dr. Reardon said time and holiday considerations make it unlikely that the Blues will expand the number of seminars it can offer before the codes go into effect Jan. 1.

"We have also petitioned the U.S. Health Care Financing Administration and the American Medical Association to seek a longer transition period during which doctors can use existing codes for submitting claims," Dr. Reardon said. "But because there is no mechanism in RBRVS to reimburse based on the 1991 codes, we are not optimistic that an extended grace period can be arranged. The best thing physicians can do is read the codebook with their staff members carefully, and prepare to use the codes immediately in 1992. It's unfortunate that the time period is short."

Dr. Reardon stressed that switching to the new codes will be a "tremendous learning experience" for everyone involved - physicians, the carrier and the government. "Using the new codes will require a change in the way physicians analyze the work that goes into treating patients," he noted. ▲

RBRVS (continued from page 1)

noted, they did so with the understanding that physician spending would not decrease under the new plan; instead, available dollars would be redistributed among physicians.

The final fee schedule reflects that realignment of payment for physician services - increasing reimbursement for primary care and decreasing reimbursement for some "over-valued" specialty services. But complete analysis and determinations of fee increases and decreases are "impossible at this time," said Illinois State Medical Society President Robert M. Reardon, M.D.

"Questions about the impact of RBRVS still linger, because it's not 100 percent sure how it will be implemented," he said. "It's too early to predict the final outcome. We'll have to study the situation and watch its implementation closely."

Early indications, however, show family physicians and general practitioners nationwide will see the greatest gains in payments per service in 1992 - 15 percent and 17 percent, respectively. These fee increases are anticipated to rise to 28 percent for FPs and 27 percent for GPs by 1996.

Thoracic surgeons will absorb the largest rate reductions next year at 14 percent. By 1996, they will receive 27 percent less. Anesthesiologists will be paid 11 percent less for most procedures in 1992 and 27 percent less by 1996.

Further study is necessary, Dr. Reardon noted, to determine the specific impact on Illinois physicians.

Physician pressure changed rules

Although a few unknowns remain, what is certain is that the deluge of more than 95,000 letters from physicians that hit HCFA this summer and fall convinced the government to alter the rules.

"The massive letter-writing campaign definitely had an impact in Washington," Dr. Reardon noted. "Physicians can take credit for the increase in the conversion factor. We got nearly \$7 billion put back into the Medicare program for physician services over the next five years that was not in the first draft."

HCFA Administrator Gail R. Wilen-

sky, Ph.D., said the changes in the final regulations meet congressionally mandated budget neutrality. HCFA said the draft rules reflected what agency officials believed to be the "most obvious" interpretation of the law, but indicated that the new interpretation is legal and assures budget neutrality.

"Nothing in the regulation will cause total Medicare spending for physician services to fall below the amount that would be spent if the current system were to continue," Dr. Wilensky said. She said that the budget outlays under RBRVS will be the same as if the current charge-based system were to continue.

But, she noted, applying a behavioral offset, or "baseline adjustment," to the conversion is necessary to keep Medicare spending on physician services within budgeted limits. HCFA actuarial projections point to increases in physician services that cannot be controlled in 1992 by the Medicare Volume Performance Standard, Dr. Wilensky said. Such increases in services could cost as much as \$7 billion over the five-year RBRVS transition period, according to Congressional Budget Office and Bush administration figures.

"The massive letter-writing campaign definitely had an impact in Washington."

— Robert M. Reardon, M.D.

Several factors will lead to this increase in services, HCFA maintains, including increased patient demand, changes in claim codes that will increase billing and an attempt by some physicians to absorb rate cuts by recouping a portion of that lost revenue through additional services.

"The baseline adjustment implies no judgment whatsoever that the services resulting from these responses might not be necessary," according to HCFA. "The baseline adjustment also does not attribute blame to either physicians or Medicare beneficiaries for such changes." ▲

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782-ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Positions and Practice

Emergency medicine, northern Illinois. Regional tertiary care center in Rockford which serves as Level I Trauma Center, EMS resource hospital, Regional Heart Institute and offers Lifeline Helicopter Service seeks emergency physician. Excellent pay for working conditions. Supportive, aggressive medical staff and administration; well-trained, pleasant nursing staff. Contact Mike Parker, M.D., 815/395-5261, Saint Anthony Medical Center, 5666 E. State St., Rockford, IL 61108-2472.

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicagoland and northern Illinois. Call Debbie Aber, 708/541-9332 or send your CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Pulmonologist, cardiologist, infectious-disease specialist, general surgeon, urologist and general internist needed to join group practice in Chicago on part- or full-time basis. Excellent compensation. Write to P.O. Box 2204, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Family practice, Wisconsin. Physician needed for partnership in broad-based primary care practice in exceptional south-central community. Shared call, fully equipped and staffed office, very competitive guaranteed salary and comprehensive benefit package. For information on this and other opportunities in the upper Midwest, contact and send CV to: Mary Jo Cordes, president MDsearch, P.O. Box 21507, St. Paul, MN 55121 or call: 612/454-7291; FAX 612/454-7277.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, psychiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbs Pkwy., Beloit, WI 53511, or call 608/364-2200.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Illinois/nationwide. Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; 1-800-831-5679.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO-certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

ENT – Effingham. Group or solo practice opportunity. Fastest growing Illinois county other than metropolitan Chicago. Excellent practice potential and quality of life environment. Practice would draw from 104,332 population. Contact Greg Voss, Administrator, St. Anthony's Memorial Hospital, 503 N. Maple St., Effingham, IL 62401; 217/347-1324.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 Lamplite Ct., Cincinnati, OH 45244; 513/231-0922.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax your CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Purdue University Student Health Center is seeking a BC/BE physician to provide primary care in an active university health setting. Health care and prevention services are offered through outpatient and women's clinics, urgent care facilities, mental health service, physical therapy department and a progressive health promotion/patient education program. This full-time, year-round appointment offers excellent fringe benefits, including a generous vacation/holiday package, CME allowance, malpractice coverage, an outstanding retirement program, medical insurance and a light call schedule. Please call or send CV to James S. Westman, Ph.D., director, Purdue University Student Health Center, West Lafayette, IN 47907; phone 317/494-1720. EO/EAU.

Picturesque north shore of Lake Superior. Seeking family practice or internal medicine physician. Fulfilling small clinic practice. No start-up costs. Scenic beauty, various outdoor activities, with time to enjoy it! Write Jon Ward or Kathy Haselow, Silver Bay, MN 55614, or call collect 218/226-4431.

Chicago – EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Family physicians—Join a friendly six-person group in a scenic small town not far from a first-class hospital. Enjoy the amenities of nearby Milwaukee, Chicago, Lake Geneva, and Madison with four out of five weekends off. You are free to concentrate on patient care in this prospering, well-managed practice. OB is optional. Please call Amy Palmer, Waukesha Memorial Hospital, 1-800-326-2011.

Otolaryngology, Brainerd, Minn. Join 22-M.D. multi-specialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Pediatrics, Brainerd, Minn. Join pediatrician in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Physicians wanted: Full- and part-time opportunities in central and southern Illinois and various Missouri locations. Proper licensure required. Contact: Annashae Corp., 1-800-245-2662.

Illinois – north. Twenty-year established OTO prac-tice of four in metro area with numerous small rural communities looking for BC/BE OTO – Two physicians reducing hours. Full-service audiology and allergy department, excellent hospitals, steady economic growth area, excellent potential. Please send replies to Box 2205, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Internists, pediatricians, family practice physicians. Outstanding practice opportunity in one of the most attractive locations in the Midwest – Goshen, Ind. Located in north central Indiana, Goshen is bordered by hundreds of sparkling lakes, great for sailing or skiing enthusiasts; numerous wooded parks and unspoiled rolling countryside. Its proximity to South Bend, home of the University of Notre Dame, and Chicago, provides a wide spectrum of spectacular sports, quality concerts, theater, and fine dining. A receptive medical staff supports this recruitment and will provide excellent call and coverage. For more information, call or write Rick Addis, Goshen General Hospital, P.O. Box 139, Goshen, IN 46526; hospital (800) 258-4321 or home 219/533-8311.

Illinois Medicine/December 6, 1991

Urgent care. Busy department in 60-member multi-specialty clinic to add urgent care physician immediately. Excellent salary and benefits. Beautiful southern Wisconsin. Send CV: Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington, Janesville, WI 53545.

Situations Wanted

Physician experienced in occupational and family practice seeking a full-time position in Chicago. Reply to Box 2201, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602

Board-certified family physician seeks part-time po-sition in Chicago area or in a North Side suburb. Write to Box 2203, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Physician desires to purchase or associate in an ac-tive practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Lake Point Tower. Prime tiers combined into spa-cious 2,200-square-foot home with spectacular high floor, city skyline/north lakeshore view that goes on forever. Split bedrooms, 26-foot master suite, 37-foot living room. Neutral decor. Move right in! Every amenity imaginable plus 2¼-acre private park. Must sell. Sherri Schmidt, 312/33REMAX.

Medical building in Hinsdale with office space to share with internist. Two exam rooms, lab, storage and private office. For information call 708/323-8300.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Well-equipped laboratory in professional building in Midwest community of 100,000-plus. Gross billings \$200,000-plus. Growth of 30 percent per year. \$125,000. Firm. 815/265-7653.

Stunning 1,820-square-foot penthouse with 46-foot deck. Tons of marble, white oak, elevated dining room and den. Two indoor heated parking spaces. \$339,000. Wrigleyville home, on oversize lot, three bedroom, two bath, garage, rustic yard and deck, parking for four cars. \$297,500. DePaul townhouse, Dayton Street. Three bedroom, 2½-bath front unit, master bedroom suite, two wbf, patio, security. \$299,500. Re/Max Exclusive Properties, Chuck Stuparits, 312/33REMAX.

Two suites available (700 and 540 square feet), Elmhurst. Prominent near-hospital medical building perfect subspecialty location with established MD and DDS practitioners. Will decorate or renovate to your needs. Call 708/834-4155.

Physician wishes to purchase medical practice, any size, internal medicine or general practice. 312/764-7288 or 312/582-5959.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we're in our other office. Can be flexible with schedule. 708/963-0601.

Bucktown 2240 N. Hamilton (2130W) three-bed-room, 2.5-bath, new construction, two-car attached garage, basement, deck, eat-in kitchen with patio, wbf, hwf. Roberta L. Stevens, Rascon Realty, 312/943-9591.

Successful orthopedic surgery practice for sale in near west suburb. Owner retiring after 22 years. Practice gross production averaging \$305,000 last three years. Located in professional building with two exam rooms. Asking \$129,000. Call for more details. Professional Practice Sales, 540 Frontage Road, Northfield, IL 60093; 708/441-6111.

Evanston manse — steps to lake and park, 8,816 square feet, 5-6 bedroom, 5½-bath corner brick Georgian with slate gambrel roof. Gourmet kitchen, sitting rooms, game room. Offices, double staircases, plus coach house and 2¼-car garage. Botanical gardens with 9,500 bulbs. Too many other extras to list. Chuck Stuparits, Re/Max Exclusive Properties, 312/337-3629.

Skokie for lease – 6,900-square-foot main building with 1,800-square-foot detached building. Suitable for clinic with MRI separation. Deluxe in every way, with parking. Visible location on corner of Lincoln and Skokie Boulevard. Chuck Stuparits and Petra Luh, 312/33-REMAX.

Joint Venture Clearinghouse. “Safe Harbor” restric-tions are just the beginning. We offer a constructive response. Includes but not limited to cardiovascular labs, MRI, CT, sonography, mammography, nuclear, physical therapy, DME. For more information, we invite managing partners to call: (800) 388-5977.

Entire medical office supply for sale: Furniture, electric exam tables, sterilizer, cabinets, supplies, photocopy machine, scale, hyfracator, many more, audiometer, Dictaphone. A. Polussa, M.D., 217/283-5644.

Miscellaneous

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns “adjustments” into “income.” Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Appointment scheduling software designed specifi-cally for patient scheduling. Features include: print-out of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Physician Services can assist you with all your physi-cian recruitment needs. Affordable, professional and experienced. Call: 708/541-9332.

Why does
**JACKSON &
COKER**
recruit more
physicians
each year
than any other
company?

❑ Largest pool of available physicians in the nation

❑ Network of 7 regional offices nationwide

❑ Expertise that produces unparalleled results in recruiting quality physicians

❑ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
AND COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA



WITHOUT AN AGGRESSIVE INSURER, THIS COULD BECOME ESSENTIAL READING.

When you're facing a lawsuit it's no time to wish you knew more about legal precedent. And it's no time to question your insurer's commitment to launch a vigorous defense.

The Exchange has earned the confidence of its policyholders. As the state's first physician-owned insurer, we were not created to settle claims without merit. As the state's largest malpractice insurer, we are uniquely experienced in managing your defense.

Since 1976, we've closed 74% of our cases without an award to the plaintiff.

Our team approach – physician, defense attorney and professional liability analyst – improves the level of service to policyholders and reduces the emotional consequences to the individual physician. Our specialists and support groups are there to provide options and personal guidance.

We instill confidence. After all, lawbooks were never intended for do-it-yourselfers.

ISMIE

*Part of the solution.
Not part of the problem.*

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

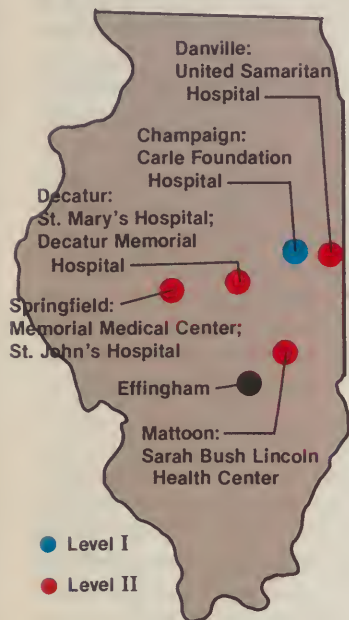
Illinois Medicine



December 20, 1991

ILLINOIS STATE MEDICAL SOCIETY

Trauma centers remaining
in central Illinois



Effingham loses trauma center

by Tamara Strom

ST. ANTHONY'S Memorial Hospital in Effingham resigned its participation as a Level II trauma center Nov. 25 following an Illinois Department of Public Health investigation, leaving a void of trauma services in the area surrounding the central Illinois town. The closest designated trauma centers to Effingham are in Mattoon, more than 40 miles away, and Champaign, about 70 miles to the north.

"In a nutshell, the drop of the trauma center probably

won't change care an awful lot, but they had the potential to keep the Level II concept alive," said John Holland, M.D., co-project medical director of the Springfield Area Mobile Intensive Care (SAMIC) System of St. John's Hospital in Springfield. "It was a difficult situation, but quality of care at the hospital has been good. They have good doctors who stand for quality of care. I understand the position of the hospital and the Department of Public Health. The state has rules and regulations to enforce."

IDPH began its investigation following a complaint that the hospital was not maintaining adequate surgical coverage in the trauma center.

Although IDPH and St. Anthony's refused to comment on the events leading up to the investigation, the circumstances were well played in the Effingham press. According to reports in the *Effingham Daily News*, no surgeon could be found to treat a patient with a self-inflicted stab wound on Oct. 27. The patient died 2½

(continued on page 17)

Prologue begins "conference call" pricing structure

by Kevin O'Brien

A COLORADO-based company that matches Illinois patients with physicians has satisfied concerns of state licensing regulators that the firm's activities will not violate fee-splitting provisions of the Medical Practice Act.

Representatives of Consumer Health Services Inc., which operates the Prologue physician information service, told *Illinois Medicine* that in response to concerns expressed by the Illinois Department of Professional Regulation, the company has replaced its former "per kept appointment" pricing structure with a new "conference call" plan in its Chicago market.

"I'm not sure that we ever fully understood what [IDPR's] concerns were," said W.P. (Sandy) Dunlap, Consumer Health Services vice president of marketing. "But they had a concern, and we've always tried in every state in which we operate to work closely with the regulatory authorities to make sure that we're not

(continued on page 18)

AMA reaffirms opposition to mandatory HIV testing

by Rachel Brown

The American Medical Association House of Delegates Dec. 11 adopted a Board of Trustees report strengthening the group's policy on HIV and AIDS transmission in health care settings. In so doing, the delegates referred a softened version of the report

constructed in reference committee to the board for more study.

The physician-delegates' decision may have been influenced by media reports published during the group's interim meeting Dec. 8-11 in Las Vegas that three patients of an HIV-

(continued on page 14)



From left: Illinois delegates Morgan Meyer, M.D.; Edward Fesco, M.D.; Joseph Perez, M.D.; Fred White, M.D.; and James Andersen, M.D., attend the AMA interim meeting in Las Vegas Dec. 8-11.

Photo courtesy of the American Medical Association

In this issue

OSHA regs
mandate universal
precautions.....2

News Briefs.....2

Illinois physicians
face fee cuts
under RBRVS.....3

Letters to the Editor.....5

Choosing your
liability limits.....7

Guarding against HIV-
and AIDS-related
claims in the office.....8

Members in
the News.....9

ISMS Board Briefs.... 12

Flu vaccine still available in Illinois

by Anna Brown

WHILE SOME AREAS of the country are suffering from low supplies of flu vaccine, health officials say Illinois supplies should last the season.

The Illinois Department of Public Health has been acting as a broker, helping to distribute vaccine to clinics and physicians who have run short, said spokesman Tom Schafer. "We've had some extra vaccine in certain areas, which we've linked with facilities that have run out," he said.

Two counties that had run low were Cook and Sangamon, Schafer said. In both cases new supplies of vaccine were found to cover the demand.

County health depart-

ments and clinics said they have for the most part ordered more vaccine than last year, and it has been going fast after reports of an early and severe flu season circulated. But even with the heightened publicity, adequate supplies are still available, especially for the elderly and the chronically ill.

An influx of media publicity over the necessity of flu shots, especially for people at high risk, and possible severe outbreaks caused people around the country, including Illinois, to seek vaccination against influenza, health officials said.

Another problem has been that the flu season started about a month early, said Karen McMahon, I Infection Program coordinator. This is not un-

and the outbreak is not yet reaching epidemic proportions, she said.

Cook County Department of Public Health officials said they had to purchase 25 percent more vaccine than last year, and had to put in a second order after the first ran out. Some of the second order was sent to area nursing homes. The vaccination program is now winding down, and is usually only in operation during November. Officials attributed the need to reorder to intensive media coverage.

(continued on page 14)

Happy Holidays



Your next issue of
Illinois Medicine
will arrive by
January 17, 1992.
Until then, the staff wishes
you a joyous holiday
season and a bountiful
New Year.

802 JCS 11910 3 DIGIT SCF 208

NATIONAL LIB OF MEDICINE
INDEX MEDICUS
8600 ROCKVILLE PIKE
BETHESDA MD 20894

ACLU files HIV discrimination suit against hospital, M.D.

The American Civil Liberties Union Dec. 5 filed suit in federal court on behalf of a former hospital patient, charging the HIV-positive man was "kept a virtual prisoner" in his room following an appendectomy solely because of his serostatus.

"This kind of unjustified treatment cannot be allowed to continue in hospital settings or anywhere else," said ACLU attorney Mathew Nosanchuk. "There was no justification for isolating him in his room for the duration of his hospital stay. He was treated as a pariah at an institution dedicated to providing care."

The suit stems from the plaintiff's 1990 hospitalization for appendicitis at Victory Memorial Hospital in Waukegan. Prior to surgery, the man agreed to an HIV test and was subsequently told he was positive, Nosanchuk said.

According to the suit, the patient remained in the hospital for eight days, during which time he was not permitted to leave his room. The hospital denied him access to physical therapy services, even though hospital staff recommended therapy to speed his recovery, the ACLU said.

"He did try to leave his room to buy a newspaper once," he said. "But he was shooed back into his room by a nurse. There is no medical justification for the hospital to isolate an HIV-infected person with complete absence of symptoms. There is no significant risk of transmission to health care workers or other patients simply through casual contact."

Nosanchuk said confining the patient to his room without cause and posting a sign outside his room saying "hazardous" violates the Federal Rehabilitation Act preventing discrimination against people with HIV, AIDS and other handicaps. As an institution that receives federal funding, Victory Memorial is subject to federal laws, he said.

In addition, the suit claims, the hospital violated the Illinois AIDS

Confidentiality Act by disclosing the patient's HIV status without his knowledge or consent.

Although the hospital declined to comment on the case, Victory spokesman Mary Kingsbury said the hospital "has an isolation policy for any patient who has a blood or body fluids infectious disease." She said the extent of isolation is determined on a case-by-case basis.

Medicaid agreement saves state budget

Just before leaving Washington for the holidays, Congress approved new rules governing Medicaid assessment programs that will guarantee Illinois can collect the \$640 million in federal matching dollars it counted on to keep the Public Aid budget afloat.

The rules were constructed from an agreement reached between the National Governors' Association and the Bush administration.

"The conference agreement ... allow[s] states to continue to receive essential matching payments for Medicaid costs funded with revenues from provider-specific taxes," said U.S. Rep. Dan Rostenkowski (D-Ill.) on the House floor during debate Nov. 26. "Until every American has health insurance, I would be concerned about a policy that may reduce payment to hospitals that provide critical health care services in Chicago and in other American cities. This conference agreement represents a good compromise."

Although under the federal law Illinois' program will remain legal until Sept. 30, 1992, the General Assembly will have to substantially change the state program to keep it legal after that time. Illinois' program currently taxes health care facilities based on a percentage of their Medicaid revenues, but after Sept. 30 the facilities will have to pay taxes based on total revenues. This means hospitals with more money — and presumably a smaller Medicaid payer mix — would be contributing more money and receiving less benefit than hospitals with high Medicaid patient loads and low revenues. ▲

OSHA regs mandate universal precautions

by Tamara Strom

UNIVERSAL PRECAUTIONS aren't just a good idea anymore. Now they're the law.

The U.S. Occupational Safety and Health Administration Dec. 2 issued final rules on bloodborne pathogens. The rules mandate universal precautions in medical and dental offices, hospitals, and other settings where workers might come in contact with infectious agents such as HIV and hepatitis B. Appropriately, the rules were announced in Washington, D.C., on National AIDS Awareness Day.

"Today we are providing full legal force to universal precautions," said OSHA Administrator Gerard F. Scannell. "Employers and employees must treat blood and certain body fluids as if infectious. Meeting these requirements is not optional. It's essential to prevent illness, chronic infection and even death. Occupational transmission of HIV is relatively rare, but the lethal nature of HIV requires that we take every possible measure to prevent exposure."

The final rules, which closely resemble the proposed rules issued two years ago, call for physician-employers to provide all of the necessary equipment for their staff members to employ proper universal precautions. For example, physicians must provide masks, gloves, eye shields and gowns for employees who come in contact with blood or body fluids during the course of their workday. Most of the requirements are nothing new for doctors — many physicians already adhere to office infection-control regimens.

"Physicians appreciate the value of infection control and maintaining a safe work environment," said Illinois State Medical Society President Robert M. Reardon, M.D. "But it's unfortunate that the federal government felt it had to step in and mandate how physicians create that safe workplace. Some of the paperwork and record-keeping requirements will contribute significantly to the hassle factor physicians already face. Overall, however, we won't quibble over the intent of the regulations because we are in total support of any measure that promotes infection control and universal precautions."

The added financial cost for physicians should be minimal, but demands on a physician's time to comply with the rules could add up quickly, Dr. Reardon said. Physicians must offer training to their employees in universal precautions and develop a written infection control protocol.

The 800-page rules document directs physician-employers to create new job descriptions for staff members, listing possible exposures to

bloodborne pathogens. Physicians must also prepare a procedures manual outlining management of accidental occupational exposures. If an employee suffers a needlestick or other exposure to potentially tainted body fluids or tissues, the employer must ensure medical evaluation and follow-up occurs.

Physicians also must offer the hepatitis B vaccine free to all employees. Employees who decline to be vaccinated must sign a waiver, and at any time must be given the vaccine if they change their decision. Physician-employers must keep the records of employee vaccinations and all other employee health records for 30 years, OSHA said.

But not all aspects of the new rules are burdensome, according to an American Medical Association analysis. For example, in the final regs OSHA dropped its total ban on recapping needles by allowing the practice in certain circumstances, such as after drawing blood gases.

Enforcement up to OSHA

"The burden is on OSHA about how it is enforced," the spokesman said. "But OSHA has acknowledged that health care providers have a unique workplace, and that the infection control standard is different from other industries they regulate. [The agency] says it won't target individual physician offices."

OSHA has indicated it will rely on employee complaints to instigate office reviews. OSHA will target for inspection offices where problems, such as a hepatitis B outbreak, have occurred in the past, the AMA said.

Doctors also should shore up their adherence to other, lesser known OSHA regulations, Dr. Reardon recommends. "These new regulations refer only to office procedures to avoid the spread of bloodborne pathogens," he said. "But there are other regulations that physicians should already be observing, such as proper storage of oxygen tanks and staff training on the use of fire extinguishers. Failure to comply with these rules could result in stiff financial penalties if a doctor is cited during an OSHA inspection."

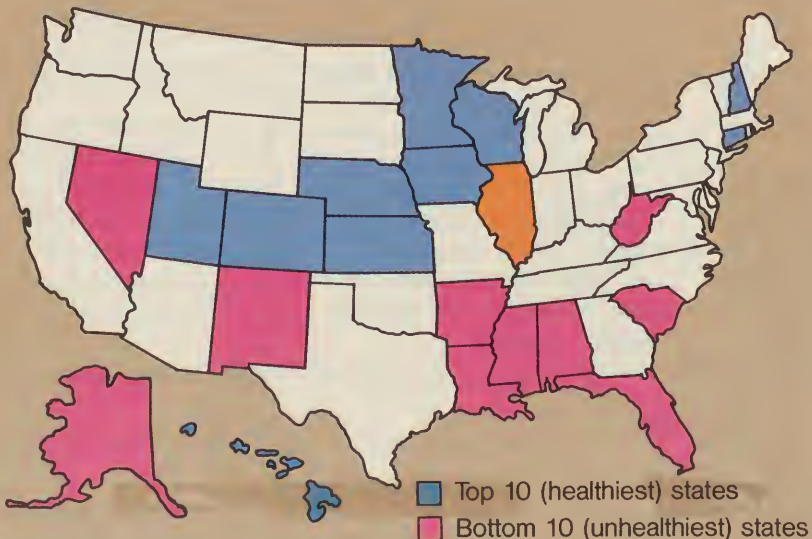
The actual regulations published in the *Federal Register* will be significantly shorter than the lengthy explanatory document, the AMA said, and doctors can obtain copies of the rules from OSHA to help achieve compliance. The AMA is also producing its own compliance materials for physicians. A segment of *American Medical Television* explaining the nuts and bolts of meeting the OSHA requirements is already in production. Also available soon will be a video to help doctors train staff members in infection control and universal precautions. ▲

Physician Facts

The 10 healthiest and least healthy states in the U.S.

The study combines 17 components that measure disease, lifestyle, access to health care, disability and mortality.

Illinois ranks 32nd



Source: Northwestern National Life Insurance Company, Oct. 1991

Illinois Medicine (ISSN 1044-6400 and USPS 005-244) is published biweekly except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602; (312) 782-1654; 1-800-782-ISMS. Copyright 1991 by the Illinois State Medical Society. Second class postage paid at Chicago, IL and at additional mailing offices.

POSTMASTER: Send address changes to *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Subscribers: Please notify *Illinois Medicine* office of any address change, with old mailing label if possible.

Subscription \$12.00 per year, in advance, postage prepaid for the United States, Cuba, Puerto Rico, Philippine Islands and Mexico. \$19.00 per year for all foreign countries included in the Universal Postal Union. Canada: \$12.50. U.S. current single copies available at \$1.00 (\$1.25 by mail), back issues \$1.50.

Illinois physicians face fee cuts under RBRVS

by Tamara Strom

News Analysis

THE FINAL RBRVS rules hold both good news and bad news for Illinois physicians.

First the good news: The conversion factor for determining physician payment rates is up 13 percent over the draft rule released this summer. The increase resulted in large part from a grass roots physician letter-writing campaign to Congress and the Health Care Financing Administration, Medicare overseer.

However, the higher conversion factor is offset by a number of technical changes in the final rule. As a result, the average payment to physicians in 1992 will decrease 3 percent nationwide, identical to the average cut included in the draft rules. Illinois doctors on average will experience a 3 percent decrease in payment rates in 1992 based on the final rules. The proposed rules included only an average 2 percent rate cut for Illinois physicians.

Although Illinois physicians will have to absorb the 3 percent rate cut this year, the final rules are an improvement over the draft rules. By 1996, average payment rates in Illinois are projected to fall only 5 percent, compared with a proposed 14 percent cut under the draft rules. Basically, primary care physicians such as family physicians and internists are expected to see the largest rate increases, while specialists such as ophthalmologists and thoracic surgeons are expected to face steep cuts. Raising some rates and lowering others, the redistribution of available funds reflects the agreement between the medical community and the government that more value should be placed on primary care services.

Actual revenue changes for Illinois physicians under RBRVS will vary from doctor to doctor.

These rate changes assume no further changes to the fee schedule when Congress negotiates the Omnibus Budget Reconciliation Act of 1992. The rate increases and decreases also depend on the government holding the line on the baseline adjustments.

The government's rationale for retaining a baseline adjustment (formerly called a behavioral offset) in the final rules is an anticipated increase in physician services for Medicare patients. HCFA contends the increase will result from rising patient demand for health services, management and evaluation coding changes, and attempts by some physicians to recoup revenue lost by the rate cuts by providing more services. The agency bases its support for the adjustment on actuarial projections by HCFA and Congressional Budget Office estimates.

The actual revenue changes for Illinois physicians under RBRVS will vary from doctor to doctor, depending on the type of services and the volume of those services each provides. A sampling of 1992 fees for selected physician services around Illinois is included in the accompanying chart. (See page 15.)

One area of the fee schedule the physician letter-writing influenced was payment for anesthesia services. Because of physician concerns that the proposed anesthesiology fees did not adequately account for the actual time involved in performing

(continued on page 15)

Use new CPT codes for Medicaid, too

THE ILLINOIS Department of Public Aid will require new CPT management and evaluation codes be used for Medicaid claims but promises physicians a grace period until April 1. It is uncertain, however, how many other third party payers will be using the new codes at the beginning of the year. Blue Cross and Blue Shield of Illinois, for example, will allow physicians to use either set of codes beginning Jan. 1. It is to physicians' advantage to begin using the new codes soon because although the payers may accept 1991 codes during the grace period, reimbursement will be based on 1991 rates, which could be lower.

Despite the confusion that is certain to result from doctors having to use separate sets of visit codes for different patients, the new codes are not optional for government-paid patients once the grace period ends.

Illinois State Medical Society advisers recommend physicians obtain the 1992 edition of *Current Procedural Terminology* as soon as possible and study the definitions listed in the introduction. *CPT 1992* is available now from the American Medical Association for \$27. To obtain a copy, physicians can call the AMA at (800) 621-8335. Physicians are encouraged to call the ISMS Division of Health Care Finance about the new visit codes at (312) 782-1654 or (800) 782-ISMS. ▲

Blue Cross[®] Blue Shield[®] **REPORT** *FOR Illinois Physicians*

ONLY PHYSICIANS MAY FURNISH DME MEDICAL INFO

Only a physician is allowed to furnish the written information that is submitted to Medicare to certify or recertify the medical necessity of durable medical equipment (DME) or DME related supplies. Although the claim with the physician's medical documentation is submitted to Medicare by the DME supplier, physicians are the only permissible source of medical documentation. The supplier is prohibited as of December 1, 1991, from generating information that is required by Medicare to show the medical necessity of DME or related supplies.

Currently, there is no standard form for furnishing the medical justification for DME. The physician may simply furnish a letter including the necessary information. Some suppliers have devised certificates of medical necessity, which are acceptable if completed by the physician. (There is a form, the HCFA-484, for oxygen certification and recertification.)

The documentation from the physician must include:

- the name, address, telephone number, UPIN, and signature of the physician.
- a description of the equipment; if DME supplies are ordered, the amount and frequency of the supply usage should be indicated.
- the patient's diagnosis (ICD-9 code); if diagnosis alone does not demonstrate medical necessity of item (e.g., "stroke" by itself does not substantiate wheelchair), additionally detail the reason item is necessary (e.g., patient unable to ambulate).
- a realistic estimate, in months, of the duration of medical need; include the beginning date or recertification date.
- if other than standard equipment is ordered, substantiate the medical necessity of the special features or accessories (e.g., reason for motorized equipment).

Physicians have asked how to report suspected fraudulent or abusive sales practices. For example, physicians have complained about suppliers seeking medical documentation for equipment that has not been prescribed. Evidence of suspected fraud or abuse should be submitted to:

Medicare B
Program Integrity
P.O. Box 210
Chicago, IL 60690

Or call the provider hotline [(618) 997-3190 for nonparticipating physicians, (618) 997-2349 for participating physicians] or professional relations (312) 938-7923. The carrier needs the name and Health Insurance Claim number of the beneficiary and a description of the DME involved.

(12/20/91)

Editorial

Happy Holidays, 1991

Raise your glasses in glad wassail
(Let's not forget Wilensky, Gail)
Hail our errant knight John Ring
In him our hopes and hearts still spring.

Reardon and Wilkins with nose so bright
Guide our sleigh through day and night
They lead and defend us in the government games
From all who would laugh and call us names

Hark! the herald Data Bank
mired in rules – dark and dank
Spreading confusion, leaking delusion
Leads to disaster for file and rank.

They may confuse us, they may upset us
They may seek to behaviorally offset us
But we will continue to heal and make whole
Ignore their attempts to scheme and cajole
We'll go to the hospital, office and clinic
We'll treat everyone – the halt, lame and sick
We'll try to be like Rudolph and Frosty
We'll all do our job (and never fear Rosty)

On these twelve days of Christmas,
Our detractors gave to us:
Twelve health bills vying
Eleven lawyers lying
Ten payments reforming
Nine COBRAS spitting
Eight ethicists ruling
Seven AIDS testing
Six Medicaid payments delaying
Five DRGs
Four CLIA regs
Three balance bills
Two HCFA flubs
And a healthy and Happy New Year!



All the elves at *Illinois Medicine* would like to take this opportunity to send best wishes for happy holidays to the following terrific people: *Illinois Medicine* Committee Chairman Dr. Joan Cummings, whose biweekly input makes this column sparkle; *Illinois Medicine* Committee member Dr. Ed Fesco, our poet-meister; the other members of the *Illinois Medicine* Committee, who keep us on our toes stylistically, typographically and grammatically; and most of all, our readers. In 1992, may your New Year's resolutions and fondest wishes all become reality. ▲

Illinois Medicine

VOLUME 3, NUMBER 24

DECEMBER 20, 1991

Illinois Medicine is published every other week except the first week of January and July by the Illinois State Medical Society, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Phone 312/782-1654; 1/800/782-ISMS.

©Copyright 1991 by the Illinois State Medical Society. Views and opinions expressed in *Illinois Medicine* are not necessarily endorsed by the Illinois State Medical Society. Editorials do not necessarily reflect official policy of the Illinois State Medical Society, but are intended to raise issues in medicine of importance to the membership.

Illinois State Medical Society

Robert M. Reardon, M.D., President
George T. Wilkins Jr., M.D., Chairman of the Board
Alexander R. Lerner, Executive Vice President

Illinois Medicine Committee

Joan E. Cummings, M.D., Chairman
H. Constance Bonbrest, M.D.
Phillip D. Boren, M.D.
Edward J. Fesco, M.D.
Raymond E. Hoffmann, M.D.
David B. Littman, M.D.
Alan M. Roman, M.D.

Illinois Medicine Staff

Ginny Thiersch, Editor
Carla J. Nolan, Managing Editor
Kevin O'Brien, Executive Editor

Advertising Information

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. *Illinois Medicine* will be published every other Tuesday except the first week of January and July. Ad copy must be received four weeks prior to issue desired. Although the Illinois State Medical Society believes the advertisements in these columns to be from reputable sources, ISMS does not investigate the offers made and assumes no liability concerning them. ISMS reserves the right to decline, withdraw or modify advertisements at its discretion.

Advertising Guidelines

Advertisements in this issue have been reviewed to comply with the Principles Governing Advertising in *Illinois Medicine*. A copy of these principles is available on request. The appearance of advertising in *Illinois Medicine* is not an ISMS guarantee or endorsement of the product or service or the claims made for the product or service by the advertiser.

Pharmaceutical Advertising Representative

Lifetime Learning, Inc., 15 W. 700 N. Frontage Road, Suite 134, Hinsdale, Illinois 60521. Phone: 708/655-2500.



"It's from Santa. He says he's watching his cholesterol and he wants us to leave him skim milk and a rice cake."

President's Column

Making friends with the media



Robert M. Reardon, M.D.

Yes, maybe it's finally beginning to happen! One of the most disturbing aspects of media discussion of health care used to be "physician bashing." I feel that trend is changing – I've seen a ray of light in how the physician's role in health care is portrayed.

That's not to say there aren't still some inaccuracies and misconceptions floating around out there in the public. Of all the factors involved in health care, hospitals and insurance companies are quasi-anonymous institutions – but physicians are people and so are uniquely identifiable agents in the health care mix. Our patients and the media see us as professionals and service providers – and as homeowners, auto owners, consumers and investors. Too often the issues of health care costs become unfairly confused with the issue of physician reimbursement, and the media is partly to blame for that.

Press reports lamenting the high cost of health care reflect the reporter's lack of understanding of how modern medicine is practiced. The old family practice has become today's high-tech facility, with skilled auxiliary staff, sophisticated equipment and other overhead features. Comparing today's medical practices (and costs) with those of 20 or 30 years ago is like comparing the price of one of today's automobiles to the cost of a mule in 1900. Yet both can get you home.

I believe that it is not a hostile press that perpetuates these myths – it's an uneducated press. Reporters and editors can only report what they know about any subject they're covering – so it's up to us, the doctors, to help educate them. And maybe the trend I've noted to a more favorable coverage of medicine in American health care results from physicians' ability and confidence in speaking up.

My theme as president has been education – but if we think only about educating our patients, our legislative representatives, our hospital administrators, we exclude a very

important audience: the media.

I have tried to use every interview I have during this year as a chance to help inform these important people and I have been pleasantly surprised by their response. These reporters and editors want the facts. They want to know how the system has gotten into the mess it's in and how physicians propose we get out of it.

If a reporter calls your office and asks you for a doctor's opinion, try to take a helpful tone. Remember that they share neither our perspective nor our knowledge about what is a very complicated issue of long-standing duration. Offer to sit down and explain, on background, the elements of this country's health care situation. Offer to provide information from *Illinois Medicine* or other sources to serve as useful file material.

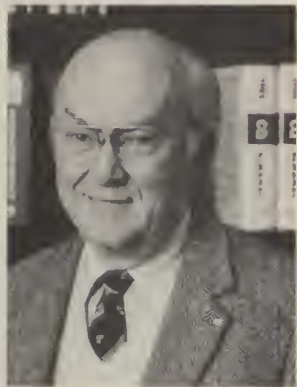
Remember, too, that reporters and editors are people – people who get the flu, have babies and need glasses. Are there members of the media in your patient base? Make a special effort when you're dealing with these patients to let them know that physicians can serve as an important information resource.

Physicians are the only parties in the health care equation who can truly define the issues and frame the debate from the patient advocate point of view. Ours is an important voice that needs to be heard, and I think you'll find that the press is more than willing to listen. They share our concerns and have similar goals. After all, our patients are their viewers, their readers, their listening audience. A positive working relationship with the media is a win-win situation for medicine. ▲

Robert M. Reardon, M.D.
President

Guest Editorial

Let the primary care doctors do it



by Fred Z. White, M.D.

Turn on the television, pick up a newspaper, listen to the radio or just read the polls – one of the biggest issues on the public's mind is health care. The biggest complaint: In these recessionary times, health care costs are seen as being unacceptably high. Thus, the question before us is how to control those costs.

Several proposals and systems have been put forth. Canada controls spending by controlling the numbers of providers (physicians and hospitals) and the installation and use of high-tech equipment. In our own country, third party payers, both government and private, employ the "hassle factor" – pre-certifications, second opinions, concurrent review – all calculated to make it harder for the physician to treat and diagnose illness. The physician has to check and re-check before proceeding, sometimes for even the simplest of conditions.

Perhaps it is time for us – the doctors – to enter the fray in a proactive way, instead of reacting to circumstances imposed on us.

The federal government's latest contribution to the "solution" is the resource-based relative value scale, or RBRVS, to which the bureaucrats have now added a particularly odious ingredient: It seems that physicians can no longer be trusted at all, so we now have to contend with the behavioral offset. (Excuse me, the latest incarnation is called "baseline adjustment." It still means the feds think we're something less than honorable.)

And then there is Medicaid, truly the most scandalous payment system we have to deal with. Now the administrative response to an already outrageously underfunded program is for the government to pay at 40 percent of the billed amount – and that only six months after the date of

service.

We all know, and physicians accept, that resources are limited, that government and business pay the largest share and they understandably need to do *something* to control spiraling costs.

Perhaps it is time for us – the doctors – to enter the fray in a proactive way, instead of reacting to circumstances imposed on us. A system of managed care, with the primary care physicians as front-line managers, makes a lot of sense to me.

Primary care physicians have the broadest view of the patient and of patient care needs. Therefore, the primary care physician is in the best position to determine treatment. "Comparison shopping" by patients is not all that practical, but the doctor learns and uses a multitude of treatments for a multitude of conditions. And it is the primary care physician who is, or should be, concerned with the long-term health of the patient. It is the primary care physician who must live with the outcome of the treatment, adverse or favorable.

As I envision the process, the primary care physician would continue in the traditional role of patient advocate, doing what is best for the patient, using his or her training, knowledge, experience and judgment as guides.

The primary care physician could be paid either on a capitation or fee-for-service system, since some time would necessarily be spent on patient management. In addition, because most health problems are related to lifestyle choices, providing preventive services would be reimbursed.

All patients would be covered by a very basic health insurance package. This package, available to everyone, would cover only medically necessary or essential services. Anything beyond this package would be available to the patients who chose to pay for services from discretionary income. To balance the individual physician's role, some sort of central committee (preferably on the state, not federal, level) would decide what should be covered by the basic package. Ideally, all major specialties would be represented on this committee, so that all aspects of medical care would be discussed and evaluated.

What this would require of the primary care physician is the willingness to say, "No" – if that is the correct decision. In this sort of managed care system, everyone would have specific responsibilities and everyone would understand the degree and extent of their authority. Secondary and tertiary providers would be able to practice their appropriate level of medicine without having to practice primary care medicine.

Most important, such a system would encourage elimination of duplicative and unnecessary fees, without the broad axe approach of government. ▲

Dr. White, a family physician from Peoria, is past chairman of the Illinois State Medical Inter-Insurance Exchange Board of Governors.



"My dad's an obstetrician."



Be compassionate, but tell the whole truth

In regard to the editorial, "Treat the Public's Fear of AIDS with Facts" in the Nov. 8 issue, I encounter the oft-cited opinion that, "AIDS ... is not a question of lifestyles."

Ironically, on page 13 of the same issue, Allen R. Torlov, professor of health promotion at the Harvard School of Public Health, said that this was the "chronic disease era," and that "most chronic disease has its origins in lifestyle and reflects the social environment in which we all live." I certainly think you would agree that HIV infection comes under the designation of a chronic illness, just as much as cancer and heart disease. You will garner more respect from the public when you are consistent and don't appear to be driven by the strident opinions of special interest groups.

If you really want to obey the biblical injunction not to judge your neighbor, fine. But don't extend that to the point that you tell the alcoholic that his cirrhosis has nothing to do with his drinking, the smoker that his lung cancer has nothing to do with his smoking (for fear of inducing guilt feelings, perhaps) or the IV drug abuser that his AIDS has nothing to do with his lifestyle. Do you think that Earvin "Magic" Johnson or the rest of us really believe such assertions anyway?

My own assessment, which I hope is incorrect, is that we are only critical of lifestyles that we had no part in promoting or facilitating, such as cigarette smoking. However, our active development of contraceptive technology and passive acceptance of loosening cultural mores certainly helped to usher in the sexual revolution, which has brought with it a striking rise in STD incidence and other woes. I think because the medical profession has been clear in the matter of risk factors for heart disease, there have been some salubrious changes in American lifestyle and some decrease in the incidence of heart disease. If we were equally clear about the role of lifestyle in

such diseases as AIDS and other STDs, we might eventually see a similar effect. But make no mistake – you can't give the public a double message and expect positive results. Being non-judgmental and facing up to facts about lifestyle should both be considered essential but separate issues for every patient, and the public needs information that is factual about lifestyle and risk factors while still being compassionate. You can't legislate whether or not the facts are always presented with love, but you can lead by example and remain committed to the whole truth of the matter.

William Schuler, M.D.
Mendota

What about Rockford, Peoria and Urbana-Champaign?

I have followed with interest the series in *Illinois Medicine* depicting each of the medical school deans in Illinois. I am not sure whether you consider this series complete. If so, I would like to suggest that it is incomplete, since it has not included three major schools of medicine within the University of Illinois system – namely the University of Illinois medical schools at Urbana-Champaign, Rockford and Peoria. I realize that the purpose in profiling the deans has not been to give them personal publicity, but rather to highlight some of the aspects of the schools. Accordingly, the purpose of this letter is not to attract personal publicity, but to highlight the strengths of these three important programs of medical education within Illinois. I believe that each of the programs is concentrating on something interesting and out of the mainstream of medical education and that the medical community within the state should be kept informed.

I hope you will consider continuing the series on medical school deans until you have covered the UI medical schools at Urbana-Champaign, Rockford and Peoria.

Charles C.C. O'Morchoe,
M.D., Ph.D., D.Sc.
Director
University of Illinois College of
Medicine at Urbana-Champaign

Editor's note: Dr. O'Morchoe anticipates us. We are planning to wrap up this series with profiles of each of the University of Illinois regional medical colleges.



The recommended starting dose for Calan SR is 180 mg once daily. Dose titration will be required in some patients to achieve blood pressure control.

A lower initial starting dosage of 120 mg/day may be warranted in some patients (eg, the elderly, patients of small stature).

Constipation, which is easily managed in most patients, is the most commonly reported side effect of Calan SR.

BRIEF SUMMARY

Contraindications: Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digitoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate animal carcinogenicity studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

4/11/91 • P91CA6143V

Address medical inquiries to:
G.D. Searle & Co.
Medical & Scientific
Information Department
4901 Searle Parkway
Skokie, IL 60077

SEARLE

G.D. Searle & Co.
Box 5110, Chicago, IL 60680

A91CA6148T

When diet and exercise alone are not enough...



ONCE
DAILY **180mg**
Calan SR
Verapamil HCl 180mg
SUSTAINED-RELEASE CAPLETS

A MILD START IN MILD HYPERTENSION

© 1991, G.D. Searle & Co.

Chairman's Commentary

Choosing your liability limits



by Harold L. Jensen, M.D.

The Illinois State Medical Inter-Insurance Exchange receives many requests for assistance in determining liability coverage limits for policyholders. We want to help. As your fellow practicing physicians, we understand how important it is to have "enough" insurance. So, what is enough? Each policyholder must make that determination, but we hope the following information will assist you in making this important decision.

Awards are increasing

While the number of malpractice suits has dropped substantially in Illinois as a result of the successful 1985 and 1987 Illinois State Medical Society tort reform initiatives, the size of awards has continued to increase. Experts predict this trend will continue, unless a cap on non-economic awards is passed by the Illinois General Assembly.

In 1990, the Exchange paid its highest number of large verdicts and its highest single loss in the history of the company. Large losses are increasing for what used to be considered "minor" adverse results, and losses are going even higher for the more serious injuries.

Reasons for malpractice insurance

It is helpful to review why you purchase malpractice insurance when you choose a coverage option:

1. To protect your personal assets in the event of settlement or award;

2. To assure yourself of legal representation when you are accused; and
3. To satisfy hospital or employment requirements.

What the Exchange offers in coverage choices

The Exchange offers four coverage options: \$2 million/\$4 million; \$1 million/\$3 million; \$500,000/\$1 million and \$250,000/\$750,000. The first figure refers to the maximum the Exchange will pay for a settlement or award arising from a single claim; the second is the maximum it will pay for all claims in a given year.

Jury verdicts are unpredictable. There are no guarantees that even the highest available limits will be adequate to satisfy a verdict or settlement.

Your limits decision affects your colleagues and the company as a whole

When you choose limits at the lower end of the coverage choices, you could be gambling with your own personal assets, as well as with the assets of the colleagues with whom you practice and are insured. The Exchange is a reciprocal, which means that each Exchange physician member insures the others. The potential for greater losses for everyone involved in a suit against a physician with low limits exists.

Is your risk classification a factor?

You might think that if you are in a lower-risk specialty, you do not have to worry about high awards. Wrong. Unfortunately, specialists classified in our lower-risk classes have the potential for higher awards, just as those higher-risk specialties of general surgery, colon and rectal surgery, anesthesia, obstetrics/gynecology, orthopedics and neurosurgery. The Exchange has paid almost half its largest settlements or jury awards on behalf of physicians in lower-rated classes.

Exchange examples of damages paid on behalf of lower-risk specialties include:

- More than \$1 million on behalf of an internist for a death in connection with an injection;
- \$2 million on behalf of a neonatologist in connection with a brain-

damaged baby;

- \$2 million on behalf of an ophthalmologist in connection with improper use of medication; and
- Nearly \$2 million on behalf of a family physician for improperly prescribing medication.

'Failure to diagnose' cancer claims affect many specialties

The fastest growing cause of loss is due to the failure to diagnose cancer. These "failure to diagnose" cases affect family physicians, internists, subspecialists in internal medicine, radiologists and pathologists.

The Exchange has made payments of more than \$1 million each on three claims for primary care physicians who allegedly failed to diagnose cancer.

High awards occur all over Illinois

Another common misconception is that excessive awards do not occur outside Cook County. Higher settlements and verdicts, once unthinkable and still not common in other Illinois counties, are occurring now in other parts of the state. In fact, one of the highest jury verdicts in Exchange history occurred in Territory III, the Exchange's lowest-rated territory.

The Exchange philosophy is to vigorously defend non-meritorious cases

Because of their coverage vulnerability, physicians with low limits facing the prospect of judgments in excess of their limits are more likely to want to settle, even if they were not medically negligent. A policyholder with low limits may make the case difficult to defend aggressively.

Settling a lawsuit when a case is defensible goes against the Exchange's philosophy of vigorously defending all non-meritorious claims. The Exchange has maintained this philosophy as a long-range strategy to improve the malpractice climate in Illinois and to protect Illinois physicians.

If you wish to appeal a verdict against you, you must put up an appeal bond equal to the judgment to keep the plaintiff from executing the verdict. This assures that if the verdict is not overturned, the award will be paid. The Exchange will post the insured's policy limits toward the appeal bond, but if the judgment exceeds the policy limits, the policy-

holder is responsible for the amount above the policy limits. The higher your policy limits, the greater your ability to appeal a verdict against you without having to post your personal assets for the appeal bond.

Choosing limits should not be based solely on price

The Exchange's higher limits category is a good value for the premium. Buying insurance is no different than purchasing anything else: You get what you pay for. The decision to purchase quality malpractice insurance coverage should not be based strictly on price. Other factors, such as a company's financial stability, claims management procedures and service, should also be considered.

Choose your coverage limits carefully, and evaluate them annually

When choosing coverage limits that are right for you, you may want to consult other physicians, your hospital or your medical staff guidelines, or your personal attorney.

In your first policy year, it is a good idea to choose your limits carefully and to review this decision annually.

Do you know your current limits of liability?

Your current limits are included on your Exchange declaration page. Look at your current limits choice and ask yourself the following questions:

- Are they enough? Can you and your practice colleagues provide medical care relatively worry-free (as much as possible in today's climate)?
- Are you putting your colleagues at risk with your limits choice?
- Could you be contributing to an increase in settlements with your limits choice?
- Have you considered each coverage option and the value you get for your premium level?

I hope this information assists you in determining the coverage limits that are right for you. Please call the Exchange at (312) 782-2749 or (800) 782-ISMS to talk further about this important issue, and about any other concerns or questions you might have about your policy. We are waiting for your call and want to help you. ▲

Dr. Jensen is chairman of the Illinois State Medical Inter-Insurance Exchange Board of Governors.

Nominations sought for board membership

What's involved in Exchange Board service?

ATTENDANCE AT THREE to four board meetings per year and service on at least one committee are required of those who are elected members of the Illinois State Medical Inter-Insurance Exchange Board of Governors. Seven positions on the 21-member board will become vacant in 1992; new members, who will serve three-year terms, will be elected at the Exchange's annual meeting in April. Nominations are now being sought for the seven vacancies.

Throughout the nomination process, efforts are made to assure broad representation according to geographic location, insurance class, specialty and other factors. All govern-

nors must be members of the Exchange.

The Board of Governors normally meets three or four times during the year. In addition, each board member is appointed to serve on at least one of the Exchange's five committees: Nominating, Policyholder Services, Planning, Risk Management and Investment. Each committee also meets several times a year and regularly reports to the board. Members of the board receive a stipend and are reimbursed for actual expenses incurred by attendance at Exchange Board and committee meetings. ▲

Exchange annual meeting April 8 at Oak Brook Hills Resort

THE ILLINOIS STATE Medical Inter-Insurance Exchange will hold its annual meeting on Wednesday, April 8, 1992, at 4 p.m. at the Oak Brook Hills Resort in Oak Brook. Members of the Exchange Board of Governors will be elected at the meeting. Board members shall be elected by a majority vote of the members represented at the annual meeting in person or by proxy. The Board of Governors has general supervision over the finances of the Exchange and its operations, and establishes all policies governing the proper transactions and conduct of the business and affairs of the Exchange. Any member of the Exchange interested in serving as a governor should so notify, in writing, Harold L. Jensen, M.D., Chairman, Board of Governors, Illinois State Medical Inter-Insurance Exchange, Twenty North Michigan Avenue, Suite 700, Chicago, Illinois 60602. Please include a current curriculum vitae. All letters of intent received at the Exchange office on or before Jan. 24, 1992, will be considered by the Nominating Committee. ▲



Second of two parts

Guarding against HIV- and AIDS-related liability claims in the physician's office

by Carol Brierly Golin

AS THE NUMBER of individuals infected with HIV increases, it is reasonable to expect that we will see a corresponding rise in HIV- and AIDS-related claims. Initially, HIV and AIDS claims mainly arose from allegations of transfusion of tainted blood products in the hospital setting. Today, liability increasingly ex-

tends into the physician's office. Liability claims allege transmission of the disease or emotional distress from exposure to it, often when no evidence of transmission is present.

Failure to treat, failure to diagnose, breach of confidentiality and failure to warn third parties at risk of infection are potential areas of liability. Only a few HIV- and AIDS-related claims have been filed against Illinois State Medical Inter-Insurance Exchange policyholders to date. But because AIDS is universally fatal and includes devastating economic, personal and emotional consequences, demands in such cases can run into the millions of dollars.

In the last issue of *Illinois Medicine*, Exchange risk management advisers offered suggestions regarding universal precautions in the physician's office. Additional suggestions for minimizing the likelihood of a claim follow.

• Accepting HIV-positive and AIDS patients

Ethically, physicians are obligated to care for individuals who identify themselves as HIV-positive or as having AIDS when seeking an appointment. A physician can refuse to treat such a patient only if a specific manifestation of the patient's disease is beyond the scope of the physician's practice or if the physician does not have the necessary equipment to provide proper care. Otherwise, refusal to treat an HIV-positive patient may constitute a violation of the federal civil rights laws that preclude discrimination against AIDS patients.

A physician may suggest referral to a specialist appropriate to treat a patient's specific medical problem, or to a physician whose practice is concentrated in treating HIV-positive patients. The physician to whom the patient is referred should be advised of the patient's serostatus, and measures to protect physician-patient confidentiality should be taken.

• Maintaining confidentiality

The privacy of patients infected with HIV must be protected or legal actions can ensue. Ensure that the confidentiality of all patient records is maintained. If this requires keeping all patient records in a locked cabinet, do so.

• Diagnosing the patient's condition

Failure to diagnose HIV infection and AIDS is a growing liability concern. With any new patient, take a complete history and perform a complete physical examination. Review sexual history and other risks for infection, including intravenous drug use. Assess the significance of other symptoms such as fatigue, weight loss and night sweats. Consider the possibility of AIDS and HIV infection and use differential diagnoses to establish the nature of the patient's condition.

• Testing for HIV infection

In 1987, the Illinois AIDS Confiden-

tiality Act was amended to permit HIV testing whenever, in the physician's judgment, such testing is medically indicated for diagnosis and treatment. The patient's informed consent to HIV testing is not required, provided that the patient has consented to medical treatment by that physician. Nevertheless, Exchange advisers strongly recommend that physicians seek informed consent for HIV testing. If a patient objects to an HIV antibody test, it should not be performed.

Across-the-board testing of every patient is contrary to Illinois State Medical Society policy and not permitted under Illinois law. An HIV antibody test may be ordered only when medically indicated, such as when a complete history suggests an individual is at high risk for contracting the virus, has been exposed to it or whose symptoms require a "rule out" test. The possibility of false-positive results could expose the physician to claims for subjecting a patient to unnecessary emotional distress.

• Reporting positive test results

Because of the emotional impact of a positive test result, the physician should personally convey this information, rather than delegate the responsibility to a nurse or medical assistant. The physician should counsel the patient on treatment options or be prepared to refer the patient to an appropriate specialist.

By law, a positive HIV test must be reported through the local health department to the Illinois Department of Public Health. Under the AIDS Registry Act, physicians must report only statistical and demographic information about an individual who tests positive for the HIV virus. The only exception is for children between the ages of 5 and 21, whose names must also be reported. If a physician treats an HIV-positive preschool-age child under 5 years of age, the child's name must be reported when the child turns 5.

If and when a patient is diagnosed with AIDS, the patient's name and other information about medical manifestations of the disease must be reported.

• Informing a patient's spouse

Illinois law gives a physician the option of informing a patient's spouse at the physician's discretion. First, the physician should make every effort to encourage patients to discuss the positive finding with their partners or spouses. Once AIDS is diagnosed and reported, it is the responsibility of public health authorities to begin immediate tracing and notification of sexual partners. ▲

YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in *Rauwolfia Serpentina* (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

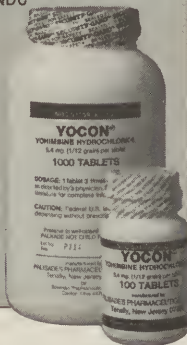
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

**PALISADES
PHARMACEUTICALS, INC.**
219 County Road
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Carol Brierly Golin is publisher of Medical Liability Monitor.

Members in the News

Lawrence L. Hirsch, M.D., of Northbrook, was elected to the Chicago Senior Citizens Hall of Fame. Dr. Hirsch, recently retired as chairman of the department of family medicine at the University of Health Sciences/The Chicago Medical School, received the award from Chicago Mayor Richard M. Daley and the city of Chicago at a ceremony at City Hall. He was honored for his "knowledge,



Lawrence Hirsch, M.D.

skills, experience and wisdom, and for his valuable contributions to schools, businesses, and public and private organizations." He is a past president of the Chicago Medical Society and served on the American Red Cross Board of Directors. Three physicians specializing in emergency medicine have joined the medical staff at Palos Community Hospital in Palos Heights. **James T. Massimilian, D.O.**, of Lockport, is a graduate of the Chicago College of Osteopathic Medicine. **Nina L. Wolchasty, D.O.**, of Woodridge, received her medical degree from the Philadelphia College of Osteopathic Medicine, and **Bruno T. Vanags,**

M.D., of Chicago received his medical degree from the University of Illinois College of Medicine. **Randy J. Epstein, M.D.**, of Northbrook, was appointed to the Illinois Association of Ophthalmology Board of Directors. Dr. Epstein is an ophthalmologist and corneal specialist who practices at Rush-Presbyterian-St. Luke's Medical Center in Chicago.



Randy Epstein, M.D.

Charles J. Wright, M.D., of Rockford, joined the medical staff of Saint Anthony Medical Center in Rockford. Dr. Wright, a neurologist and specialist in epileptic neurosurgery, received his medical degree from the University of Illinois College of Medicine. **Lee H. Becker, M.D.**, of Chicago, joined Illinois Masonic Medical Center as director of inpatient psychiatric services. Dr. Becker is a clinical assistant professor of psychiatry at Loyola University School of Medicine. He received his medical degree from the University of Illinois School of Medicine. ▲

FREEDOM FROM PAIN!

Extra strength pain relief
free of extra prescribing
restrictions.

- Telephone prescribing in most states
- Up to five refills in 6 months
- No triplicate Rx required

Excellent patient acceptance.

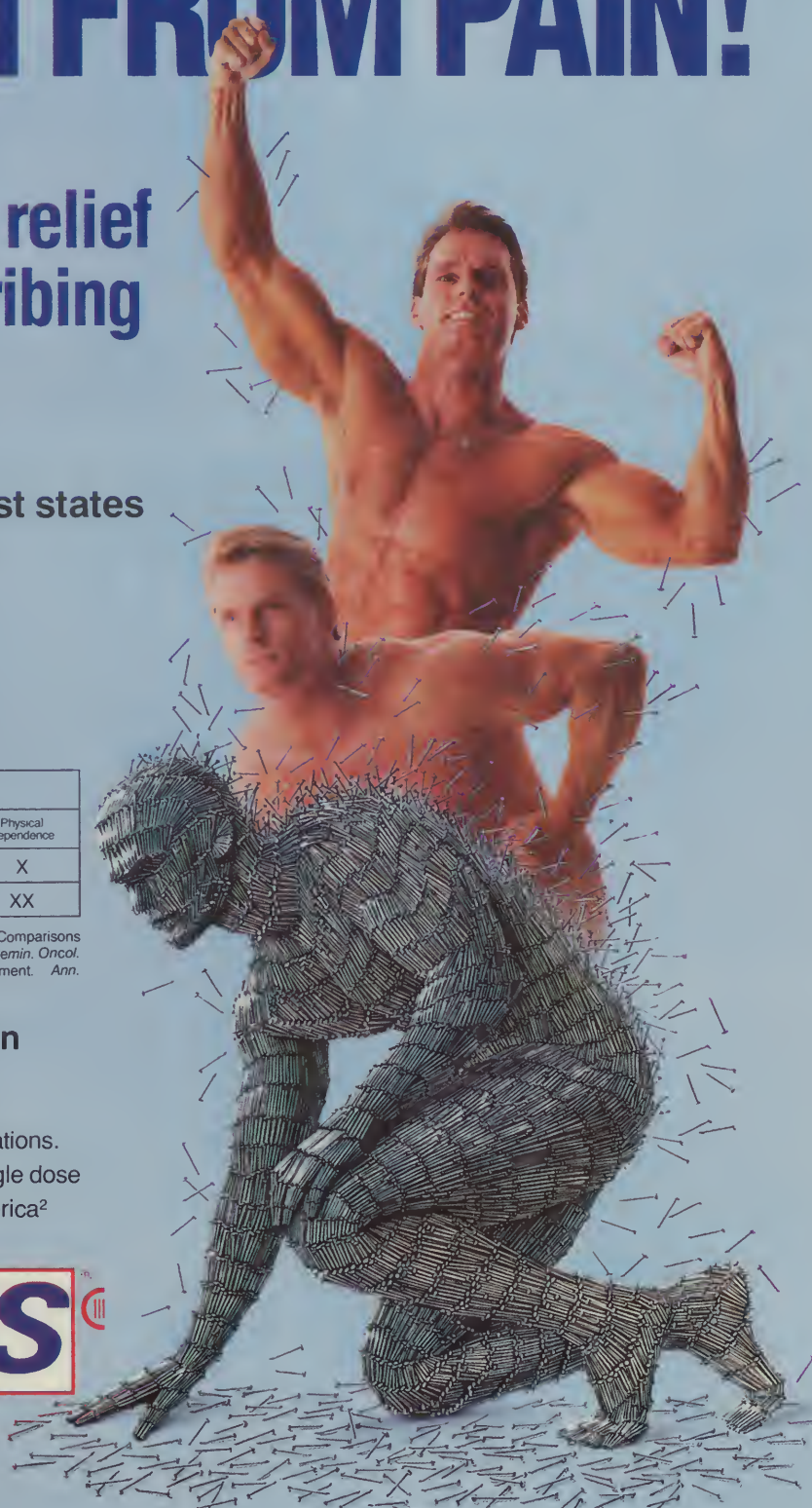
In 12 years of clinical experience, nausea, sedation and constipation have rarely been reported.¹

COMPARATIVE PHARMACOLOGY OF TWO ANALGESICS					
	Constipation	Respiratory Depression	Sedation	Emesis	Physical Dependence
HYDROCODONE		X			X
OXYCODONE	XX	XX	XX	XX	XX

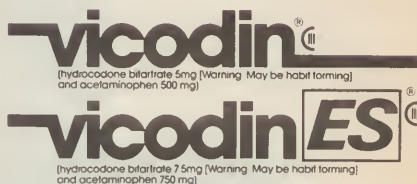
Blank space indicates that no such activity has been reported. Table adapted from Facts and Comparisons 1991 and Catalano RB. The medical approach to management of pain caused by cancer. *Semin. Oncol.* 1975; 2: 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. *Ann. Intern. Med.* 1980 588-96.

The heritage of VICODIN[®],* over a billion doses prescribed.²

- VICODIN ES provides greater central and peripheral action than other hydrocodone/acetaminophen combinations.
- Four to six hours of extra strength pain relief from a single dose
- The 14th most frequently prescribed medication in America²



Tablet for tablet, the most potent analgesic you can phone in.



INDICATIONS AND USAGE: For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or hydrocodone.

WARNINGS:

Allergic-Type Reactions: VICODIN/VICODIN ES Tablets contain sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people.

Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression.

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS:

Special Risk Patients: VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.

Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease.

Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.

Usage in Pregnancy:

Teratogenic Effects: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever.

Labor and Delivery: Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS:

The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include:

Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychi dependence and mood changes.

Gastrointestinal System: The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation.

Genitourinary System: Urteral spasm, spasm of vesical sphincters and urinary retention have been reported.

Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated.

DRUG ABUSE AND DEPENDENCE:

VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substance Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN/VICODIN ES Tablets should be prescribed and administered with caution.

OVERDOSAGE:

Acetaminophen Signs and Symptoms: In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Hydrocodone Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur.



* (hydrocodone bitartrate 5 mg [Warning: May be habit forming] and acetaminophen 500mg)
1. Data on file, Knoll Pharmaceuticals
2. Standard industry new prescription audit

1



Cook County Hospital loses JCAHO accreditation



Area hospitals light Copley's move to DuPage County



Medical Licensing Board urges resident licensing period extension



Illinois physician reservists called to duty in Gulf war

JANUARY



AMA issues MD guidelines on accepting gifts from drug makers

FEBRUARY



ISMS board OKs 1991 budget without dues increase



Public health efforts stem UI meningitis outbreak



Mile Square reopens after 16 months



Gov. Jim Edgar appoints health cabinet members; John R. Lumpkin, M.D., named IDPH director



Exchange sponsors brain-injured baby seminar



Tobacco use up among children, teens

MARCH



Gov. Edgar's fiscal 1992 budget emphasizes prevention, cuts public aid



ISMS honors team physicians



Politicians, community leaders participate in ISMS/ISMS Auxiliary mini-internships



State holds up physician bills for worker's compensation claims



Illinois programs fare well in residency match

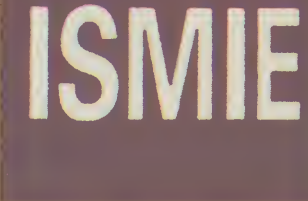
APRIL



ISMS annual meeting: House declares MD participation in executions unethical



VA suspends surgery at North Chicago; review of care under way



Exchange announces \$10 million policyholder dividend



1991 ISMS Public Service Award goes to Harold Perlmutter, M.D. of Rock Island



Physician reservists assess Gulf war's impact on their practices

ILLINOIS MEDICAL YEAR REVEAL

MAY



151st ISMS President Robert M. Reardon, M.D., begins term



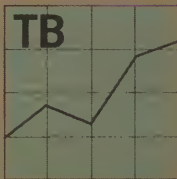
Auxiliary Day at the state Capitol



General Assembly rejects universal health bill



General Assembly considers health-related bills



Rise in tuberculosis cases concerns health officials



ISMS President Robert M. Reardon, M.D., congratulates new AMA President John J. Ring, M.D., of Mundelein

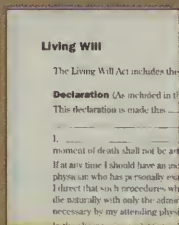
9

\$6.9

HCFA's RBRVS draft cuts MD Medicare spending by \$6.9 billion



AMA delegates reject mandatory HIV testing, affirm "tell or quit" policy for infected MDs; activists protest

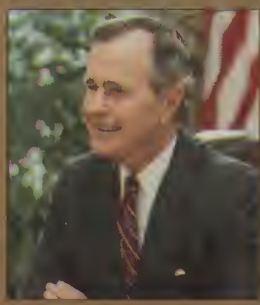


ISMS brochure "A Personal Decision" details advance directives



New Exchange policyholder benefit offers physicians \$500 a day to defend a claim

JUNE



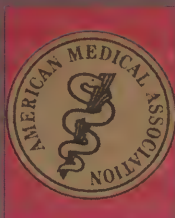
President Bush sends tort reform proposal to Capitol Hill

NOIS CINE R IN IEW

DECEMBER



"SME" research suggests that...
...with
...and ...



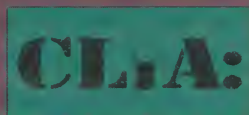
AMA ...
...
...



Gov. Edgar ...
...



Gov. Edgar ...
...



CLIA ...
...

9

NOVEMBER



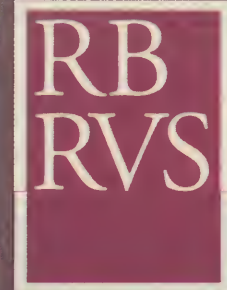
AIDS ...
...



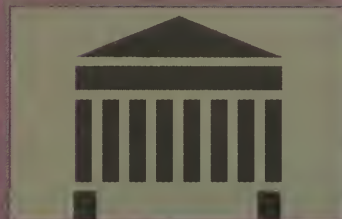
The ...
...



Gov. Edgar ...
...



RB RVS ...
...



\$27 million liability judgment entered against Upjohn

OCTOBER



COMPdata ...
...



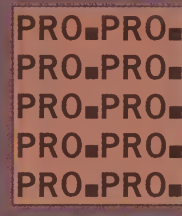
Gov. Edgar ...
...



ISVS ...
...



\$16.4 million judgment entered against ...
...



PRO-PRO ...
...

SEPTEMBER



Gov. Edgar ...
...



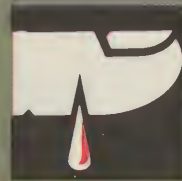
FDA more aggressive in regulating drug manufacturers



Exchange debuts new "Focus on Service" program

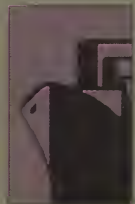


ISMIS Chairman Robert C. Hamilton, M.D., dies



Specialties refuse to list HIV risk-prone procedures

AUGUST



HHS issues anti-kickback "safe harbor" regulations



East St. Louis' Kenneth A. Haller, M.D., featured in AMA ad campaign



Gov. Edgar signs fiscal 1992 budget

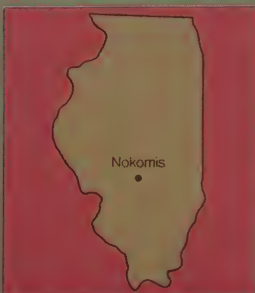


John Deere plans Quad City employee clinic; cancels IPA contract

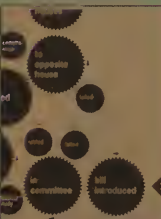


Exchange holds cancer detection and diagnosis seminars

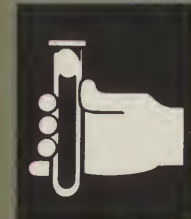
JULY



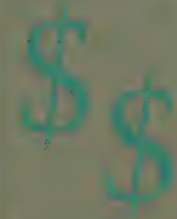
HIV notification bill passes after AIDS death of downstate dentist



Surrogate health care bill clears legislature



CDC issues HIV guidelines; voluntary testing urged



Budget agreement restores some health care cuts



Physicians take RBRVS fight to Congress

1

Board Briefs

The Illinois State Medical Society Board of Trustees met on Nov. 16 at the ISMS Conference Complex in Chicago. Following are highlights of the board's actions.

HMO to be contacted about inappropriate therapeutic substitution

The board authorized the chairman to send a letter to the Southern Illinois-based SANUS HMO advising that some of the drugs listed on the HMO's formulary may not be therapeutically interchangeable. SANUS HMO reportedly uses the services of an agent to manage its drug cover-

age. The agent has established a protocol calling for the pharmacist to pursue, from the physician, a substitute in the event a drug is prescribed that is not on an "approved" drug listing. ISMS is concerned that many drugs on the "approved" list may not be therapeutically interchangeable. ISMS is also concerned about antagonism in the physician-patient relationship when the physician will not allow the therapeutic substitution.

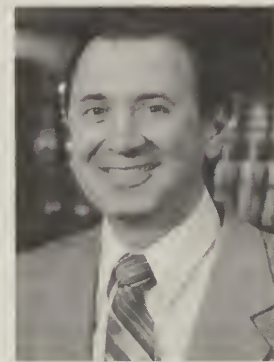
Durable medical equipment must be properly certified

In order for durable medical equipment (DME) suppliers to be reimbursed, physicians caring for Medi-

care patients must provide certification that such equipment is medically necessary. This certification procedure went into effect Oct. 1, but the implementation date was delayed until Dec. 1. Physicians can provide certification in writing, in narrative form, and should include the diagnosis, a description of equipment needed and why, and a prognosis of the estimated time for the equipment's use. The physician must also state the medical benefit to be derived from using the particular piece of equipment. No specific certification form is required.

ISMS has expressed its concern to Blue Cross and Blue Shield of Illinois, the state's Medicare Part B car-

rier, about the aggressive marketing of durable medical equipment to patients and physicians. The board expressed the concern that marketing activities of some DME supplies may border on fraud.



M. LeRoy Sprang, M.D.

Dr. Sprang to serve on ISMIS Board

M. LeRoy Sprang, M.D., a Skokie obstetrician/gynecologist, was selected by the board to serve on the Illinois

State Medical Insurance Services Board of Directors. He will fill the unexpired term of Robert C. Hamilton, M.D., who died earlier this year. Dr. Sprang also serves as president of the Chicago Medical Society. ISMIS is the operating arm of the Illinois State Medical Inter-Insurance Exchange.

CLIA education to continue

Many Illinois physicians with office laboratories will not meet federal standards called for in the Clinical Laboratory Improvement Act if the results of an Illinois Department of Public Health survey are accurate. HCFA plans to allow up to six months following release of the final rules in January 1992 for physicians to achieve compliance. ISMS urges physicians who perform any laboratory services to contact IDPH as soon as possible for information on compliance.

Distinguished Service Award nominees sought

ISMS is seeking nominations for its new Distinguished Service Award. Nominees should have at least 12 years of ISMS membership and have served on the ISMS, ISMIS or Exchange boards; or ISMS councils or committees; or as an ISMS nominee to a state or federal agency.

The award will be presented at the ISMS House of Delegates meeting in April 1992, and will honor a member who has shown long, meritorious service to the Society. Nomination forms may be obtained from the ISMS Council on Public Relations and Membership Services. Deadline for nominations is Jan. 31, 1992.

Auxiliary prepares for mini-internship, pushes PAC

The Illinois State Medical Society Auxiliary met in October to prepare for its 1992 mini-internship programs in nine counties. Mini-internship programs provide an opportunity for community opinion leaders to follow a physician during his or her day to learn what physicians face in their daily lives. The Auxiliary is also promoting contributions to the Illinois State Medical Society Political Action Committee (IMPAC) because of the importance of the 1992 elections. ▲

Enhancing The Quality of Life Worldwide

Upjohn is a company with a century-old commitment to enhancing the quality of life throughout the world. We believe that the discovery and development of innovative new products is the way to achieve that goal. We seek fresh scientific knowledge and put it to effective, practical use in the fields of human pharmaceuticals, pharmaceutical and specialty chemicals, animal pharmaceuticals, and vegetable and agronomic seeds.

Upjohn

Helping People Lead Healthier Lives.



Students learn the art of effective interviewing

Left, two medical students participate in an Oct. 5 training session on preparing for residency interviews. The program, sponsored by the ISMS Medical Student Section, trained nearly 250 people on the National Residency Match Program, the American Medical Association's Fellowship and Residency Electronic Interactive Data Base Access System (FREIDA), and included practical sessions on interview techniques. ▲

Photo: William Daniels/The Photo Partners



The Chicago and Springfield offices of the Illinois State Medical Society, Illinois State Medical Insurance Services and Illinois State Medical Inter-Insurance Exchange will be closed on Christmas Eve, Dec. 24; Christmas Day, Dec. 25; New Year's Eve, Dec. 31; and New Year's Day, Jan. 1. All offices will be open at 8:30 a.m. on Thursday, Dec. 26 and Thursday, Jan. 2.

Medicaid surveys due to IDPA by Jan. 1

by Tamara Strom

ILLINOIS PHYSICIANS should not be alarmed by the recent "Dear Doctor" letter from the Illinois Department of Public Aid. But they should read it and respond to it.

The letter, mailed to Medicaid-participating physicians, asks physicians to indicate that they meet at least one of the criteria necessary to be reimbursed for services provided to children under 21 years of age and pregnant women covered by Medicaid.

Physicians who treat these patients must indicate their board certification status or hospital affiliation on the form and return it to IDPA by Jan. 1, 1992. The six criteria were set by Congress in the Omnibus Budget Reconciliation Act of 1990. According to OBRA-90, IDPA is not permitted to pay physicians who do not meet the criteria and treat these patients.

Some physicians mistakenly believe the mandates require them to be board certified in the particular specialty in order to be eligible for reimbursement. That is not the case. Physicians only need fulfill one of the following six criteria to continue receiving payment for treating these patients:

- family practice board certification;
- pediatric board certification;
- admission privileges at a hospital;
- employment at a federally qualified health center;
- membership in the National Health Service Corps; or
- a current, formal consultation and referral relationship with a pediatrician or family physician, in cases of specialized treatment or admission to a hospital.

Physicians meeting only the last criterion must include the referring physician's name, hospital affiliation and provider number.

Doctors who treat these patients and who did not receive a survey can request one from the department at (217) 782-5565 or write a letter indicating which criteria they meet to IDPA's provider participation department, P.O. Box 19114, Springfield, Ill. 62794-9990. ▲

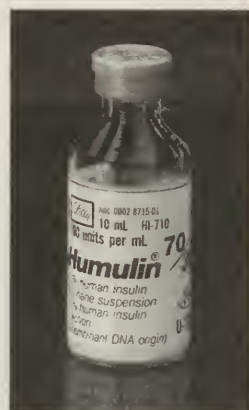


For your insulin-mixing or NPH-using patients

Humulin^{70/30} makes life easier

Rapid onset and sustained duration insulin activity in a single vial

- May offer enhanced control through a more physiologic activity profile
- Accurate dosing—eliminates mixing errors
- Convenient premixed dose for better compliance
- Easy to use—for patients who find mixing difficult



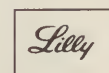
Specify
Humulin^{70/30}
70% human insulin isophane suspension
30% human insulin injection (recombinant DNA origin)

Humulin has just the right mix

Any change of insulin should be made cautiously and only under medical supervision.

Changes in refinement, purity, strength, brand (manufacturer), type (regular, NPH, Lente®, etc), species (beef, pork, beef-pork, human), and/or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage.

Leadership In Diabetes Care



Eli Lilly and Company
Indianapolis, Indiana
46285

© 1991, ELI LILLY AND COMPANY HI 2921-B-149322

positive surgeon in Philadelphia are infected with HIV.

The new policy reaffirms the AMA's stand against mandatory AIDS testing of health care workers and stresses the need for maintaining the confidentiality of both HIV-infected physicians and patients.

The policy also calls for local expert panels to establish practice limitations on HIV-infected physicians and monitor their adherence to universal precautions. The delegates said HIV-infected health care workers should refrain from performing exposure-prone procedures unless they receive permission from the local panel and informed consent from the patient.

In addition, the policy calls for

confidential reporting by name of all HIV-positive individuals, including health care workers, to state boards of health. This policy goes one step beyond the Illinois AIDS Confidentiality Act, which requires anonymous statistical reporting of HIV cases to the state. Confirmed AIDS cases are reported by name to the Illinois Department of Public Health.

In response to strong criticism by national and local medical groups, the U.S. Centers for Disease Control dropped its plan to publish a list of exposure-prone procedures just days before the interim meeting.

While the AMA was the only major medical organization still supporting the compilation of a list after the CDC backed off, the new policy adopted Dec. 11 does not refer to such a list. Instead, the policy in-

cludes a CDC listing of procedures known to facilitate hepatitis B transmission, suggesting it be used by panels or facilities to determine limitations for HIV-positive physicians.

Physicians concerned about RBRVS

Despite rigorous campaigning by the AMA to improve aspects of the RBRVS Medicare physician payment system, the House refused to endorse the new system unless additional substantial corrections are made. The AMA claimed credit for specific improvements in the final rules, released last month, but delegates stressed the need to continue seeking legislative remedy for many elements of the payment system.

The delegates commended the reference committee, chaired by Illinois State Medical State Society

Tenth District Trustee Ronald G. Welch, M.D., for its work in compiling the 12 recommendations for correcting RBRVS. In adopting the 12 recommendations, the physician-delegates indicated that support for the new Medicare payment system would not be granted until the improvements are made.

Acting on an Illinois resolution sponsored by Alfred J. Kiessel, M.D., ISMS Seventh District Trustee, the House directed the AMA to seek an extension from the U.S. Health Care Financing Administration for implementation of the new CPT codes under RBRVS until April 1, 1992. ▲

Flu (continued from page 1)

The DuPage County Health Department has distributed 12,000 doses of flu vaccine so far this season, according to officials. They estimate that altogether 14,000 doses will be distributed, and the remaining vaccine will go very fast because only 300 doses have not been reserved. Last year the department distributed vaccine between October and February; this year the program will end in mid-December.

In Sangamon County, reports of the A/Beijing strain outbreak in Nashville, Tenn., brought patients seeking vaccine into clinics in droves, said James Stone, Sangamon County Department of Public Health director. Although the department is running low on vaccine, Stone believes supplies will last through December.

"If we get a large run, it won't," he said. "People have really taken heed this year."

IDPH has officially identified two strains of flu, both in Cook County residents, said Bill Moran, regional program coordinator. A/Taiwan and B/Panama have both been typed, and A/Beijing may also be in the area, he said.

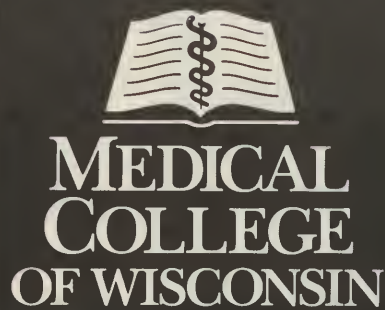
Type A strains are usually associated with larger, widespread outbreaks, he said. Last year, type B strains were prevalent during the mild flu season. Type A strains have also been identified in Springfield and Quincy, but have not yet been subtyped, Moran said. Fifteen other positive cultures from around the state are currently being typed, he said.

Influenza is not officially reported to IDPH, so rates of transmission cannot be determined precisely. The department relies on voluntary surveillance in schools, emergency rooms, nursing homes, physicians' offices and deaths by influenza or pneumonia.

The highest outbreak of flu this year has been found in the Peoria area, Moran said. "By word of mouth, we've learned that it has died down, but is still increasing in some areas, noticeably Tazewell County," he said.

Emergency room surveillance centers found 17 percent of patients had flu-like symptoms in Peoria for the week of Nov. 17-23, Moran said. In the following week it was down to 14 percent.

In other areas, Rock Island County emergency rooms reported 11 percent for the first three weeks of surveillance, which was down to 9 percent for the last week. LaSalle County has only reported a 3 percent overall incidence of flu in emergency rooms. ▲



More than 500 physician specialists
working in partnership with area physicians.
1-800-472-3660

Medical College of Wisconsin physicians primarily practice at the Milwaukee Regional Medical Center:

The Blood Center of Southeastern Wisconsin

Children's Hospital of Wisconsin

Curative Rehabilitation Center

Froedtert Memorial Lutheran Hospital

Medical College of Wisconsin

Milwaukee County Medical Complex

Milwaukee County Mental Health Complex

Transforming medical research and knowledge into new ways to care for patients.

RBRVS (continued from page 3)
 certain procedures, HCFA retained the current anesthesia payment system for 1992, with some adjustments to the conversion factor for those services. The government says more work is needed to refine its definitions of anesthesia time for paying physicians.

New evaluation, management codes
 In addition to the new fee schedule, physicians will have to accommodate new evaluation and management codes for office visits. The new codes go into effect Jan. 1, 1992 for Medicare, with HCFA promising a short grace period (probably only until Jan. 30) during which physicians would be permitted to use the current codes. The revised codes more accurately reflect the time and medi-

cal decision-making physicians exert in managing their patients' care.
 Using the new codes will require physicians to become more active participants in the claim process, because only the treating physician knows exactly how much work and decision making was needed for each case. Along with the coding changes, physicians must learn the different modifier codes necessary to receive payment for office visits during a patient's postoperative period covered by the new RBRVS fees. Under RBRVS, it appears that no routine office visits are permitted during the 90-day postoperative period unless a payment modifier is attached to specify that the visit was not related to the surgery. Claims for postoperative office visits submitted without a modifier may be denied payment. ▲

1992 fees for selected physician services in Illinois

	Total hip replacement (27130)	Insertion of pacemaker, ventricular (33207)	Adult inguinal hernia repair (49505)	Cataract extraction w/ lens insertion (66983)	Office visit, established patient (99213)
Champaign-Urbana	\$1,679	\$645	\$361	\$1,154	\$26
Cook County	\$2,104	\$829	\$413	\$1,339	\$34
Collar Counties	\$1,891	\$839	\$404	\$1,291	\$32
Decatur	\$1,637	\$621	\$365	\$1,152	\$24
East St. Louis	\$1,888	\$661	\$374	\$1,205	\$26
Peoria	\$1,941	\$789	\$384	\$ 918	\$26
Rock Island	\$1,675	\$622	\$360	\$1,150	\$25
Rockford	\$1,955	\$669	\$387	\$1,243	\$28
Springfield	\$1,860	\$725	\$371	\$ 876	\$27

Source of data: Blue Cross and Blue Shield of Illinois.

Concerned about CLIA'88?

If you need help in preparing your laboratory for these federal regulations, contact us.

Our team of consultants is headed by Erlo Roth, MD, MBA, a pathologist with vast experience in managing office laboratories and preparing them for licensure.

Other lab management services available:

- Space planning
- Billing
- Cost minimization
- Instrumentation
- Computerization
- Waste management

Hinsdale Pathology Associates
 120 Ogden Ave.
 Hinsdale, IL 60521
 (708) 986-0979

The Doctor's New Career



Grown attached to your bobber?" Wilbur asked. The doctor didn't bother to stop toeing the line long enough to tell Wilbur about his new career as a fly caster, divot replacer, and backyard barbe-cuer. Nor did the doctor need to say much about his outstanding new **Medicare Supplement Plan** from the Physicians' Benefits Trust. With his coverage picking up 100 percent of the Medicare-eligible hospital expense not covered by Medicare, the doctor wasn't about to tell Wilbur it was exclusively for physicians, nor was he going to tell Wilbur there were two other plan options available—each designed to provide quality protection at low cost group rates. "Yes, sir," the doctor replied, "You might say it's just what the doctors ordered."

If you're fishing around for a bargain, obtain all the Medicare Supplement coverage you'll ever need from the Physicians' Benefits Trust. If you're approaching age 65 (or already are there or beyond), you owe it to yourself to check out this outstanding coverage.

For information, call toll free: (800) 621-0748 or call: (312) 559-9130 or mail coupon:

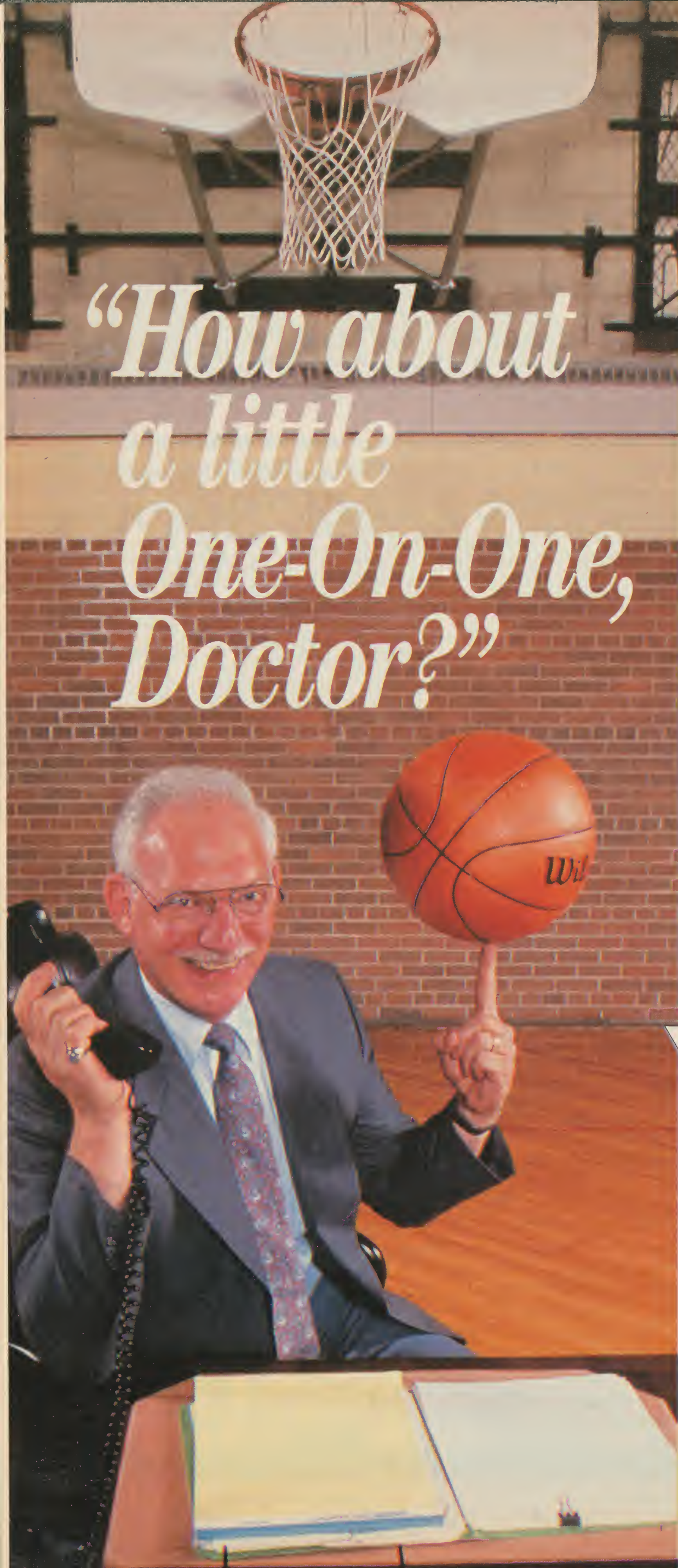
☐ Please send information about the Medicare Supplement Plan from the Physicians' Benefits Trust.
 ☐ Also send information about the other PBT plans I have checked.

☐ Major Medical
 ☐ Excess Major Medical
 ☐ Hospital Indemnity
 ☐ Dental
 ☐ Long Term Disability
 ☐ Term Life
 ☐ Accidental Death & Dismemberment
 ☐ Personal Umbrella
 ☐ Office Overhead
 ☐ Office Benefits Program

Name: _____
 Practice Name: _____
 Street: _____
 City/State/Zip: _____
 Telephone: _____ ISMS
 Mail to: Physicians' Benefits Trust
 222 South Riverside Plaza, Suite 2360
 Chicago, IL 60606

PBT
Physicians'
Benefits Trust
 sponsored by Chicago Medical Society & Illinois State Medical Society





“How about a little One-On-One, Doctor?”

Associated Physicians Insurance Company recognizes the frustration caused by red tape...and the value of a physician's time.

That's why Henry Nussbaum, APIC's President, is always available to answer your professional liability questions, especially underwriting concerns.

An important part of APIC's mission is to *listen* to our physician-policyholders and to *respond* quickly and appropriately. Accessibility to APIC managers and officers guarantees that decisions are made with expedience and personal interest.

Over 1,100 physicians have discovered the tangible difference that personal service by decision makers offers. The value of the APIC difference can be illustrated by trying to go "one-on-one" with the president of any other insurance carrier. Then call Henry.

P.S.—We'll even pay for the call:
1-800-248-2743.



ASSOCIATED PHYSICIANS INSURANCE COMPANY

*Physician Owned
Professionally Managed
Financially Secure*

**For more information about APIC
call toll-free 1-800-942-APIC**

Administered by
Associated Physicians Management Company, Inc.

Administrative and Claims Office
2300 North Barrington Road
Suite 200
Hoffman Estates, IL 60195

Underwriting Office
233 North Michigan Avenue
Suite 1708
Chicago, IL 60601

hours later without having surgery or being transferred to another trauma center, the reports say.

All Level II trauma centers are required to have at least two surgeons on call 24 hours a day, IDPH spokesman Tom Schafer said. The surgeons do not have to be on duty on hospital premises at all times, but must be readily available if they are needed to go to the hospital to treat trauma patients, he explained.

"The state has only recently communicated this interpretation of the rules to us," said St. Anthony's Administrator Gregory A. Voss in a prepared statement. "We have tried to provide the availability of two surgeons on a 24-hour basis for about the last three weeks, but it is physically impossible [among] our three surgeons. This hospital and medical staff tried very hard to retain the trauma designation, but problems common throughout the state's trauma system have forced St. Anthony's to drop out like many other much larger hospitals."

IDPH disputes the hospital's claim that many hospitals are dropping out of the system and that St. Anthony's was only recently told about the two-surgeon rule. Only one other hospital has dropped its designation this year, according to the department, and only six hospitals statewide have left the system since its inception in July 1988, Schafer said. He added that five hospitals have joined the system in that time, and two applications in DuPage County are pending for Level II centers.

In addition, he said, all Level II trauma centers have had to abide by the same regulations for the past 3½ years. There has been no new rule interpretation requiring Level II trauma centers to have two surgeons available at all times. "The back-up rule is present to guard against one surgeon having to be in two places at the same time," Schafer noted. "If one surgeon is in surgery performing an appendectomy and another patient is brought to the hospital needing emergency surgery, the first surgeon can't just stop operating and take the other patient. Another surgeon must be available."

"After we began the investigation, we found that they did not have two surgeons on call," Schafer continued. "We ordered them to do that on Nov. 5, and warned them that failure to do so would lead to revocation of their trauma designation. They have to follow the same rules as everyone else."

Schafer explained that Level II trauma centers are not required to have two certified trauma surgeons on 24-hour call, but at least two general surgeons are mandated. The expense of keeping a trauma surgeon on almost constant call would be too much for many smaller hospitals, he said, adding, "Most hospitals can't afford a trained trauma surgeon when only about 1 percent of the ER calls are trauma."

Effingham-area residents are in no danger as a result of the hospital's decision to drop out of the trauma network, Schafer said. If a patient is experiencing severe trauma and needs to be transported immediately, the state's helicopter transport system would take the patient to the appropriate trauma center, he said.



John Holland, M.D. (above), said the loss of St. Anthony Medical Center's Level II trauma center probably won't change patient care. St. Anthony's withdrew from the trauma system because it could not adequately staff its emergency room with surgeons to meet state requirements for trauma centers.

However, if patients need to be stabilized quickly, area paramedics will continue to take them to St. Anthony's "even though the hospital no longer participates in the trauma system," Schafer said. "It will leave somewhat of a void, but that's not to say they won't get some trauma care."

Dr. Holland said St. Anthony's is an associate hospital in SAMIC for its pre-hospital emergency services, such as ambulance transport. He reports St. John's has a "good working relationship" with St. Anthony's for its EMS, but added, "We didn't have anything to do with their trauma application."

He contends a Level II trauma center is "very critical in the area," because Effingham is located at the "crossroads of two major interstates" — I-57 and I-70. "That's an awful good-sized stretch of major highway without a trauma center," he said. "But the ambulances will continue taking patients there — there's nowhere else to go."

Ongoing investigations

Because of the quality issues raised surrounding the handling of the trauma case at St. Anthony's in October, IDPH is conducting another state investigation to determine if the hospital should retain its hospital operating license. The department also is beginning a separate investigation for the federal government to determine if St. Anthony's should keep its certification for Medicare and Medicaid funding.

The U.S. Health Care Financing Administration cited the hospital for deficiencies in its emergency services and medical staff conditions, according to an agency spokesman. "There was a definite problem with the medical care provided to patients at the hospital, at least in this case," he said. If the hospital does not correct the deficiencies, it stands to lose its federal funding certification. However, HCFA said, this is a rare occurrence, with only one Illinois hospital losing its status as a participating facility this year.

In the meantime, St. Anthony's will continue providing routine emergency care to area residents, the hospital said. The facility treats about 65 patients a day in its emergency room, according to the hospital's statement. "No significant change in the volume of emergency department visits is anticipated because of this designation change," the hospital said. ▲



Photo: Effingham Daily News

Why does JACKSON & COKER recruit more physicians each year than any other company?

- ☐ Largest pool of available physicians in the nation
- ☐ Network of 7 regional offices nationwide
- ☐ Expertise that produces unparalleled results in recruiting quality physicians
- ☐ Proven system that produced over 1,000 placements in the last 3 years.



**JACKSON
& COKER**

(800) 888-0121

With Regional Offices In:

ATLANTA-DENVER-PHOENIX
DALLAS-ST. LOUIS
PHILADELPHIA

Prologue

(continued from page 1)

only technically in compliance, but that we have a comfortable relationship with the regulatory authorities."

IDPR General Counsel Thomas Chiola said the department was following up an issue from the previous administration. "The position of the department expressed by the previous general counsel was that we wanted to make sure that there was no tie between the sending of patients to a particular practitioner by Prologue and money that was being paid by that practitioner to Prologue for that patient to be sent to them," said Chiola.

Under the old system, Prologue required physicians to pay a fee of about \$80 for each patient who kept an initial appointment the service made on the patient's behalf.

Under the new pricing structure, fees ranging from \$50 to \$90 will be incurred when a conference call between the patient and the physician's office occurs. "The conference call was an event that was mutually verifiable, and was reasonably representative of activity undertaken by Consumer Health on behalf of the doctor that was satisfactory to [IDPR] and also to us," said Dunlap.

The conference call is triggered when an "appropriate match" occurs between a consumer and the selected practitioner. "That [means] the consumer has made a selection of a doctor based on information the doctor has provided to us and that we maintain on the data base," Dunlap said. "And based on that information, if the consumer wants to

Prologue pricing structure

Type of plan:	Enrollment fee (one-time)	Each additional specialty or location	Annual database maintenance fee	Marketing fee	Conference call fee
Per kept appt. (until 12/31/91)	\$250	\$100	\$120	\$80¹	None
Conference call (after 12/31/91)	\$150	\$ 75	Included in marketing fee	\$63-\$125²	\$50-\$90³

¹ Approximate fee. Assessed each time patient keeps initial appointment.

² Per month. Lower rates available if paid quarterly, semi-annually or annually.

³ Fee assessed each time conference call occurs.

Source: Consumer Health Services, Inc.

make an appointment, we do a conference call."

The fee will be assessed whether or not an appointment is scheduled or whether the doctor realizes any benefit from the service, said Dunlap. There are three situations that could lead to an appointment not being scheduled: A patient's lead-time request cannot be reasonably met; a provider's data is incorrect, and he or she does not perform the requested procedure; or the consumer backs out of the call.

Dunlap said that if erroneous information about the doctor was in the data bank, "then generally we will not charge for the call. On the other hand, the doctors have the responsibility to notify us of changes in the information, and we have the responsibility to update the data."

On Oct. 9, the company sent a letter explaining the new pricing structure and a new service agreement to those physicians in the Chicago mar-

ket affected by the change. Dunlap said that according to an agreement with IDPR, Prologue has until Dec. 31 to convert participating physicians in the Chicago market to the new arrangement.

"I'm sure that in changing the product, we will lose some doctors and we'll have to rebuild," he said.

As of Oct. 31, the total number of providers available for selection was 1,838. The new agreement applies to only about 40 percent of those providers. "The problem that IDPR had was with the non-hospital-sponsored doctors; they had no problem with the hospital-sponsored doctors," said Dunlap.

Other fee changes

The new pricing structure also includes changes in enrollment fees and marketing service fees. Under the old system, physicians paid a one-time \$250 enrollment fee, plus \$100 for each office location or specialty listed in the data bank. Those fees have been reduced to \$150 and \$75, respectively.

The \$100 data bank maintenance fee under the former pricing structure has been absorbed into a new marketing services fee that ranges from \$63-\$125 per month. The rates are lower if physicians elect to pay annually, semi-annually or quarterly. This fee also covers Prologue's extensive media campaign, analyses of the physician's results using the service, and maintaining the toll-free telephone line that brings potential patients and physicians together.

Chicago Medical Society President M. LeRoy Sprang, M.D., expressed some reservation about the agreement, but said it was acceptable. "[The plan] seems to disassociate itself enough to be within the letter of the law. I think the spirit is still somewhat dubious, but it certainly would be acceptable if it is to IDPR."

Without mentioning Prologue by name, the Chicago Medical Society said in the Oct. 21, 1990, issue of *Chicago Medicine* that it had received several inquiries from physicians about "the legality of participating in referral services that require physicians to pay for each patient referred."

As a result of those inquiries, IDPR said such activity could constitute a violation of the Medical Practice Act.

But Dunlap said that Prologue is an information service, not a traditional referral service. "Where most referral services operate on the basis of allocating patients or callers among the doctors who are participating, ... we exert no control over the choices consumers make. It means the doctors get highly variable results from the program." ▲

For Prologue, matching Medicaid patients with physicians is frustrating

ASIDE FROM the fee-splitting issues, some physicians have questioned why Prologue does not match physicians in its network with Medicare or Medicaid patients. Prologue officials say they want to, but it is a frustrating task.

"Our general experience nationwide is that most physicians are glad to take Medicare," said W.P. (Sandy) Dunlap, vice president of marketing for Consumer Health Services, which operates Prologue. He said that as of Dec. 4, about 66 percent of Prologue physicians in the Chicago market accept Medicare.

But Medicaid is another story. "It's almost impossible for us to get a physician to take Medicaid," said Dunlap. "And Medicaid is a major problem for us nationally." He said that Consumer Health Services maintains a data base in every market in which they operate of all individuals and facilities they can identify who will accept Medicaid patients. "And [they're] difficult to find," he said, "and when we do find them, they instantly say, 'We really don't want any more.'" Dunlap said as of Dec. 4, there were 66 organizations in the Chicago data base that accept Medicaid or provide referral to providers who do. These organizations include county health departments, hospitals, county medical societies, private clinics and others. Dunlap said the Chicago data base was compiled during 1986-87, and that organizations occasionally ask to be removed from the data base. Any facility may drop out at any time.

"When a Medicare or Medicaid caller calls, we do our best to find them care and information on care, [but] we don't charge anybody for those services because of the Medicare and Medicaid anti-fraud regulations," Dunlap said.

"I think it's a major issue," Dunlap concluded. "We would welcome any solution that would enable us to serve that segment of the public better. Because, speaking from the point of view of a company that listens to consumers all day every day, it's a very frustrated segment of the American populace. They feel they have coverage, at least at some level, but they have a very difficult time getting care." ▲

Vice President Operations

Our prestigious national medical organization, which specializes in state-of-the-art treatment of venous disorders, is a leader in its field. New growth opportunities have created a unique need for a Physician Executive with extensive medical and operational experience to join our management team. Selected candidate, reporting to the President, would direct the company's operational activities and be responsible for the profitability of all clinics. Additionally, the selected individual would have responsibility for quality assurance, operational planning, development of new clinics and serving as a liaison between the medical staff and corporate office on all operational issues.

The selected candidate will be a senior level Physician Executive with extensive experience in medical affairs and operations for a medical service corporation or hospital. Additionally, you will have exceptional people skills and the ability to make things happen. The compensation and equity package will be attractive to an aggressive, entrepreneurial business builder. Send your resume and salary history in complete confidence to: Lloyd R. Shapiro, Vein Clinics of America, 2 Trans Am Plaza Drive, Suite 450, Oakbrook Terrace, IL 60181. Equal Opportunity Employer.

Vein Clinics of America

Classified Advertising

Send all advertising orders, correspondence and payments to: *Illinois Medicine*, Twenty North Michigan Ave., Suite 700, Chicago IL 60602. Telephone: 312/782/1654; 1/800/782/ISMS. *Illinois Medicine* will be published every other Tuesday. Ad copy with payment must be received at least four weeks prior to the issue requested. Although the Illinois State Medical Society believes the classified advertisements contained in these columns to be from reputable sources, the Society does not investigate the offers made and assumes no liability concerning them. The Society reserves the right to decline, withdraw or modify advertisements at its discretion.

Positions and Practice

Emergency medicine, northern Illinois. Regional tertiary care center in Rockford which serves as Level I Trauma Center, EMS resource hospital, Regional Heart Institute and offers Lifeline Helicopter Service seeks emergency physician. Excellent pay for working conditions. Supportive, aggressive medical staff and administration; well-trained, pleasant nursing staff. Contact Mike Parker, M.D., 815/395-5261, Saint Anthony Medical Center, 5666 E. State St., Rockford, IL 61108-2472.

Seeking internist, pediatrician and/or endocrinologist and a podiatrist with specialty or interest in diabetes to locate in proximity to new nutrition and diabetes educational center. New medical office space available. Southwest Chicago suburban location. Call 312/445-3942.

Physicians wanted in all specialties. Full-time, part-time and practice opportunities available in Chicagoland and northern Illinois. Call Debbie Aber, 708/541-9332 or send your CV to: Physician Services, 1146 Parker, Buffalo Grove, IL 60089.

Pulmonologist, cardiologist, infectious-disease specialist, general surgeon, urologist and general internist needed to join group practice in Chicago on part- or full-time basis. Excellent compensation. Write to P.O. Box 2204, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Family practice, Wisconsin. Physician needed for partnership in broad-based primary care practice in exceptional south-central community. Shared call, fully equipped and staffed office, very competitive guaranteed salary and comprehensive benefit package. For information on this and other opportunities in the upper Midwest, contact and send CV to: Mary Jo Cordes, president, MDsearch, P.O. Box 21507, St. Paul, MN 55121 or call: 612/454-7291; FAX 612/454-7277.

Escape to Wisconsin! Stay close to Chicago. Growing southern Wisconsin 47-physician multispecialty group is seeking an orthopedic surgeon, plastic surgeon, pulmonologist, pediatrician, rheumatologist, Ob/Gyn, psychiatrist and urgent care. Guaranteed salary with incentive plus full benefit package. Excellent family environment in college community of 50,000-plus. Send CV to J.F. Ruethling, Administrator, Beloit Clinic, S.C., 1905 Huebbe Pkwy., Beloit, WI 53511, or call 608/364-2200.

Anesthesiologist. Seeking three BC/BE well-trained anesthesiologists to join 12 physicians and 15 CRNAs in a busy group practice which includes cardiothoracic, neuro, neonatal and OB at a 650-bed hospital with an academic affiliation. Subspecialties considered, especially cardiac, pediatric and obstetrics. Excellent salary and benefits. Send CV to Quentin A. Pletsch, M.D., St. John's Hospital, 800 E. Carpenter, Springfield, IL 62769; 217/544-3311.

Chicago – EMSCO Management Services currently staffs nine hospital emergency departments and five satellite clinics within the metropolitan Chicago area. Several full-time positions will become available in the immediate future. Board certification highly desirable. Inquiries are confidential. Please call or fax your CV for immediate consideration to Diane Temple, Director of Professional Services. 708/654-0050; fax 708/654-2014.

Illinois – north. Twenty-year established OTO practice of four in metro area with numerous small rural communities looking for BC/BE OTO – Two physicians reducing hours. Full-service audiology and allergy department, excellent hospitals, steady economic growth area, excellent potential. Please send replies to Box 2205, % *Illinois Medicine*, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Classified Advertising Rates

	25 words or less	26 to 50 words	51 to 75 words	76 to 100 words
1 insertion	\$ 7.00	\$17.00	\$25.00	\$ 42.00
3 insertions	13.00	32.00	46.00	78.00
6 insertions	18.00	44.00	64.00	108.00
12 insertions	22.00	53.00	79.00	132.00

Physicians. Practice opportunities nationwide. Group/solo, all specialties, varied income arrangements. Contact Larson & Trent Associates, Box 1, Sumner, IL 62466-0001; 618/936-2662, or 1-800-352-6226.

Emergency medicine, Terre Haute/Western Indiana. Expanding physician-owned group seeking full- and part-time emergency physicians for positions in low- to moderate-volume emergency departments. Flexible scheduling, very competitive compensation package. Send CV or contact William R. Grannen, Priority Health Care, P.C., 7179 1amplite Ct., Cincinnati, OH 45244; 513/231-0922.

Chicago. Metropolitan Chicago area. Full-time position available for BC/BP physician in established hospital satellite clinic. Modern state-of-the-art facility. Malpractice provided. For confidential consideration; please call or fax your CV to: Diane Temple, EMSCO Management Services, 440 E. Ogden, Hinsdale, IL 60521; 708/654-0050; fax 708/654-2014.

Purdue University Student Health Center is seeking a BC/BE physician to provide primary care in an active university health setting. Health care and prevention services are offered through outpatient and women's clinics, urgent care facilities, mental health service, physical therapy department and a progressive health promotion/patient education program. This full-time, year-round appointment offers excellent fringe benefits, including a generous vacation/holiday package, CME allowance, malpractice coverage, an outstanding retirement program, medical insurance and a light call schedule. Please call or send CV to James S. Westman, Ph.D., director, Purdue University Student Health Center, West Lafayette, IN 47907; phone 317/494-1720. EO/EAU.

Picturesque north shore of Lake Superior. Seeking family practice or internal medicine physician. Fulfilling small clinic practice. No start-up costs. Scenic beauty, various outdoor activities, with time to enjoy it! Write Jon Ward or Kathy Haselow, Silver Bay, MN 55614, or call collect 218/226-4431.

Otolaryngology, Brainerd, Minn. Join 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Pediatrics, Brainerd, Minn. Join pediatrician in 22-M.D. multispecialty clinic. No capitation. No start-up costs. Two hours from Minneapolis. Beautiful lakes and trees; ideal for families. Call collect or write Curtis Nielsen, 218/828-7105 or 218/829-4901; P.O. Box 524, Brainerd, MN 56401.

Staff physician, Student Health Center, University of Illinois. McKinley Health Center, a JCAHO-accredited, student-oriented ambulatory care facility, is seeking primary health care physicians, including two to staff an evening urgent care clinic. Appointments are full-time, 12 months, academic/professional, with comprehensive benefit package and competitive salary. Illinois medical licensure required. Board certification/eligibility preferred. Complete position notice/information available from Lucille Isdale, Ph.D., director, McKinley Health Center, 1109 S. Lincoln Avenue, Urbana, IL 61801; 217/333-2711. Applications due by Jan. 1, 1992; however, this search will remain open until positions are filled. The University of Illinois is an AA/EOE.

Illinois/nationwide. Need internist, family physician, pediatrician, dermatologist, Hem/Onc, Ob/Gyn, rheumatologist and more. CV to Stan Kent, SKA, P.O. Box 904, Tremont, IL 61568; 1-800-831-5679.

Internists, pediatricians, family practice physicians. Outstanding practice opportunity in one of the most attractive locations in the Midwest – Goshen, Ind. Located in north central Indiana, Goshen is bordered by hundreds of sparkling lakes, great for sailing or skiing enthusiasts; numerous wooded parks and unspoiled rolling countryside. Its proximity to South Bend, home of the University of Notre Dame, and Chicago, provides a wide spectrum of spectacular sports, quality concerts, theater, and fine dining. A receptive medical staff supports this recruitment and will provide excellent call and coverage. For more information, call or write Rick Addis, Goshen General Hospital, P.O. Box 139, Goshen, IN 46526; hospital 1-800-258-4321 or home 219/533-8311.

Urgent care. Busy department in 60-member multispecialty clinic to add urgent care physician immediately. Excellent salary and benefits. Beautiful southern Wisconsin. Send CV: Stan Gruhn, M.D., Riverview Clinic, 580 N. Washington, Janesville, WI 53545.

BC/BE ophthalmologists: general, glaucoma, cornea, oculoplastic. High patient population. No upper limit on earnings. JCAHO-certified state licensed surgicenter. Contact Carole Melton, Hauser-Ross Eye Institute, 2240 Gateway Dr., Sycamore, IL 60178; 815/756-8571.

Chairman, Department of Internal Medicine. Columbus-Cabrini Medical Center, a 525-bed tertiary care, non-profit teaching hospital, is recruiting for the position of chairman of the department of internal medicine. The qualified candidates must hold an M.D. degree, be eligible to practice in Illinois, and be board certified by the ABMS. The chairman for the department of internal medicine includes the position of program director for Columbus-Cabrini Medical Center's internal medicine residency program. Applications and nominations should be sent to Paul F. Nora, M.D., Ph.D., vice president, academic affairs, Columbus-Cabrini Medical Center, 2520 N. Lakeview Ave., Chicago, IL 60614, 312/883-6790.

The Henry Hill Correctional Center in Galesburg is searching for a medical director. The ideal candidate will be BE/BC in primary care with managed care experience. Compensation is in excess of \$100,000 per year plus benefits. We are also searching for a medical director at the Iowa State Penitentiary in Fort Madison, Iowa. For consideration, please call John Bogdan at 1-800-325-4809, ext. 3107. Correctional Medical Systems, 999 Executive Parkway, St. Louis, MO 63141.

Oshkosh, Wis.: Single-specialty groups are recruiting in family practice, pediatrics, Ob/Gyn and cardiology. Oshkosh is an attractive community of 55,000 people located on the shores of Lake Winnebago and in the heart of Wisconsin's beautiful Fox River valley. Competitive financial packages. Contact Christopher Kashnig, physician recruiter, Mercy Medical Center, 631 Hazel St., Oshkosh, WI 54902; or call 1-800-242-5650, ext. 2430, or 414/236-2430.

Physiatrists, neurologists, rheumatologists, internists (cardiology subspecialty preferred), and psychiatrists and psychologists (child/adolescent specialty preferred) needed for part-time work under contract to the Social Security Administration's Disability Programs Branch in downtown Chicago. Job entails review of medical evidence in disability claims. No contact with patients. Unrestricted license in any state required. Submit curriculum vitae to: HHS, Region V Contracting Officer, 105 W. Adams, 22nd Floor, Chicago, IL 60603.

Family practice — Join well-established practice with two other physicians in south suburban Chicago area. Excellent opportunity for the right person. Guaranteed salary plus incentives and benefits and opportunity for partnership. Call Maurice Halpin, D.O., at 708/687-2020.

Situations Wanted

Certified family practitioner seeking part-time positions. Reply to Box 2048, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago IL, 60602.

Physician desires to purchase or associate in an active practice. Reply to Box 2047, % *Illinois Medicine*, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602.

For Sale, Lease or Rent

Medical building in Hinsdale with office space to share with internist. Two exam rooms, lab, storage and private office. For information call 708/323-8300.

Elgin. Medical space available in fast-expanding area, time share possible. Fox Valley Medical Center on six acres with ample parking lot. 708/697-7870.

Two suites available (700 and 540 square feet), Elmhurst. Prominent near-hospital medical building perfect subspecialty location with established MD and DDS practitioners. Will decorate or renovate to your needs. Call 708/834-4155.

Physician wishes to purchase medical practice, any size, internal medicine or general practice. 312/764-7288 or 312/582-5959.

Office space in Arlington Heights. Sublet beautiful office from plastic surgeon on days we're in our other office. Can be flexible with schedule. 708/963-0601.

Bucktown 2240 N. Hamilton (2130W) three-bedroom, 2.5-bath, new construction, two-car attached garage, basement, deck, eat-in kitchen with patio, wbf, hwfl. Roberta L. Stevens, Rascon Realty, 312/943-9591.

Evanston manse — steps to lake and park, 8,816 square feet, 5-6 bedroom, 5½-bath corner brick Georgian with slate gambrel roof. Gourmet kitchen, sitting rooms, game room. ffc, double staircases, plus coach house and 2½-car garage. Botanical gardens with 9,500 bulbs. Too many other extras to list. Chuck Stuparits, Re/Max Exclusive Properties, 312/337-3629.

Skokie for lease – 6,900-square-foot main building with 1,800-square-foot detached building. Suitable for clinic with MRI separation. Deluxe in every way, with parking. Visible location on corner of Lincoln and Skokie Boulevard. Chuck Stuparits and Petra Luh, 312/33-REMAX.

Entire medical office supply for sale: Furniture, electric exam tables, sterilizer, cabinets, supplies, photocopy machine, scale, hyfractor, many more, audiometer, Dictaphone. A. Polussa, M.D., 217/283-5644.

Jewel of a house in quiet neighborhood near West Side medical centers. Top-quality renovation. Owner financing. Bargain priced at \$212,000. Patti Miner, 312/33REMAX.

Miscellaneous

Medicare Part B review for physicians and patients. Careful, confidential examination of documentation turns "adjustments" into "income." Our fee is only 25 percent commission on additional approval. Services include billing analysis and fair hearing representation. Extensive experience with major teaching hospitals. Call Review Associates today for brochure, references; 312/338-0337.

Appointment scheduling software designed specifically for patient scheduling. Features include: printout of schedules, customization of each schedule, multiple booking of appointment times, moving/copying of appointments, messages and/or user defined codes can be attached to each appointment. Demo \$39.95. DOCS, Inc., 74 Jefferson Lane, Streamwood, IL 60107; 708/483-2929.

Physician Services can assist you with all your physician recruitment needs. Affordable, professional and experienced. Call: 708/541-9332.

Joint Venture Clearinghouse. "Safe Harbor" restrictions are just the beginning. We offer a constructive response. Includes but not limited to cardiovascular labs, MRI, CT, sonography, mammography, nuclear, physical therapy, DME. For more information, we invite managing partners to call: (800) 388-5977.

The Alaska Shop. A unique gallery featuring Eskimo art. Physicians receive 50 percent off all merchandise. 104 E. Oak St., Chicago; 312/943-3393. Monday-Saturday, 11 a.m. to 5 p.m.



WE HAVEN'T MISSED A BEAT IN 15 YEARS.

In 1976 major liability insurers abandoned Illinois physicians. The Exchange was founded by your colleagues to meet this critical need.

In every one of our 15 years, the Exchange has never wavered. We responded to challenges by merely quickening the pulse of our efforts.

Today, just as in the beginning, the Exchange mounts the most vigorous and productive defense possible against claims without merit.

We use our experience to help physicians reduce both the risk of litigation and its emotional consequences.

And ours is the voice of experience in supporting the fight for tort reform.

Protecting the integrity of our policyholders for so many years has required a stalwart organization always up to the challenge. After 15 years, we are proud to report, our heart has never been stronger.

ISMIE

Part of the solution. Not part of the problem.

Illinois State Medical Inter-Insurance Exchange Twenty North Michigan Avenue Suite 700 Chicago, Illinois 60602
Telephone: 312.782.2749 Toll Free: 800.782.ISMS

W1 IL417L

1991

C.D1-----SEQ: SR0063601

TI: ILLINOIS MEDICINE

State of Balance

MEDICINE, LEGISLATION

AND PUBLIC POLICY

**1991 Annual Report
Illinois State Medical Society**



A S U P P L E M E N T T O I L L I N O I S M E D I C I N E

"A STATE IS NOT A MERE SOCIETY HAVING A
COMMON PLACE, ESTABLISHED FOR THE PREVENTION OF
MUTUAL CRIME AND FOR THE SAKE OF EXCHANGE...

POLITICAL SOCIETY EXISTS
FOR THE SAKE OF NOBLE ACTION."

Aristotle

"IMAGINATION REVEALS ITSELF IN THE BALANCE...
OF OPPOSITE OR DISCORDANT QUALITIES:
OF SAMENESS WITH DIFFERENCE; OF THE GENERAL WITH
THE CONCRETE; THE IDEA WITH THE IMAGE; THE
INDIVIDUAL WITH THE REPRESENTATIVE."

Samuel Taylor Coleridge



**If you want
a law passed in
Illinois,
there is only
one way to
do that:
You must
become a player
in the
legislative
game.**

Governing Illinois
Sangamon State University
Press

There were so many opportunities and challenges for ISMS in 1991. Our organization was able to maximize our achievements in the legislative and political arenas.


A two year effort culminated in success when the Illinois General Assembly passed the health care surrogate bill you'll read about later in this report. ISMS forged a coalition that stayed together throughout the effort. The coalition was not a likely one to hold together. Folks don't usually expect to see the Illinois State Bar Association and the Illinois State Medical Society on the same side of an issue. Throw in the Catholic Conference and some other disparate groups, and you can see why it was a marriage not expected to last. But it did last. And we did pass a bill that helps our patients, our colleagues, hospitals, the clergy, social workers and families, and many others — anyone touched by lingering terminal illness. Many people "won" with this effort. I'm proud of ISMS for being the leader of it.

In 1991, we took some giant steps to help our members. We established a direct communications link with federal policymakers so Illinois physicians would be heard in Washington. We recognized the importance of redistricting on our future legislative successes. We prepared our members for a rough election year, trying to make them see that all the players may not be there or may be in different places. We worked with a new governor and his department heads, especially IDPA, IDPH and IDPR, so they could understand issues that affect our patients.

I'll no longer be chairman of the Board after April of 1992. But I'm going to stay a part of ISMS because these are critical times for medicine. On the back page of this report is a list of names of your colleagues — council and committee members, trustees, board members — who have given time and will give time for you. Please join them. We need you — they need you. And remember, if you do nothing else for your profession this year, work and vote in the November 3 elections.

George T. Wilkins Jr.

GEORGE T. WILKINS JR., M.D.
CHAIRMAN, BOARD OF TRUSTEES
ILLINOIS STATE MEDICAL SOCIETY



*“Good laws
lead to the making of
better ones.”*

JEAN-JACQUES ROUSSEAU



The Illinois Health Care Surrogate Act

A lesson in how better laws are made.

Governor Jim Edgar signed the Illinois Health Care Surrogate Act into law on September 26, 1991. This new law gives the family members and loved ones of dying patients the right to decide about appropriate medical care at the end of life.

Hailed by physicians, lawyers, hospitals and religious leaders as "landmark legislation" and "a major victory for patients, families, physicians and health care institutions," the law was denounced by some special interest groups as "euthanasia" and a "license to kill."

How could such controversial legislation, surrounded as it was by high-pitched emotions and profound ethical debate, successfully pass through both houses of the Illinois legislature and be signed into law by the Governor?

The answer lies in the story of the legislative process, a complex, frustrating, thoughtful and deliberate system of checks and balances. It is the story of compromise, cooperation, coalition and consensus. It is also the story of the Illinois State Medical Society's leadership role in shaping good laws and sound public policy.

In the story of this hard-won effort also lies a real-life story of the Society's legislative activities and its commitment to patients and physicians.

"IT IS NOT DESIRABLE
TO CULTIVATE
A RESPECT FOR THE LAW,
SO MUCH AS
FOR THE RIGHT."

Henry David Thoreau

1989

Rudy Linares holds health care workers at Rush Presbyterian St. Luke's Hospital at gunpoint as he disconnects the mechanical breathing apparatus that is keeping his irreversibly comatose son Sammy alive. Although Rudy Linares faces the possibility of criminal charges, the office of the State's Attorney decides not to indict. The public and the press overwhelmingly support this decision.

Dramatic Events Force Public Scrutiny of the Issues

1989

Spurred by the public's reaction to the Linares case, Cook County State's Attorney Cecil Partee convenes a special Task Force of medical and legal experts to develop legislation dealing with "end-of-life" issues. ISMS Trustee Peter E. Freidheim, M.D., is asked to serve on the Task Force.

"We all see ourselves... forgotten
except by our family... destroyed
and impoverished, coming daily
to look at what is left... a dry husk
of what we once were."

Rep. Grace Mary Stern
Democrat, Highland Park

1990. The United States Supreme Court declares that states must decide the standards for decision-making about life-sustaining treatment for dying and terminally ill patients. (*Cruzan v. Director of Missouri Department of Health.*)

Other related cases, under consideration at approximately the same time, add urgency to the issue.

1990. The Illinois Supreme Court rules that in situations involving the removal of life-sustaining treatment, an incompetent patient's wishes must be determined through a substituted judgment theory, based upon clear and convincing evidence as determined by a court of law. (*In Re Estate of Greenspan and In Re Estate of Longeway.*)

**The Courts
Speak.**

**Public Officials
Listen.**

**Legislation
Stalls.**

As a result of such cases, the state Supreme Court calls upon the Illinois General Assembly to determine public policy on these issues through the legislative process.

Among the major driving forces are the expense and delay in deciding such matters through the judicial system.

Spring 1990. The Partee Task Force introduces model legislation. Carrying an ISMS-supported amendment providing civil immunity for all involved, the bill passes the Illinois Senate and goes to the House of Representatives for consideration. Strong opposition to the bill — primarily from groups opposing the general concept of life termination as well as from the plaintiff's attorneys, who oppose the ISMS-sponsored immunity provision — presents a serious threat to House passage. Not surprisingly, the bill is defeated in the Judiciary Committee.

"They (the public) want these decisions made privately, outside the limelight of a courtroom."

**Rep. John F. Dunn
Democrat, Decatur**

Renewed Commitment

June 1990 As the spring session of the Illinois General

Assembly ends, ISMS promises to return to Springfield

December 1990 ISMS invites leaders from concerned groups and
in 1991 to renew its efforts for this legislation and to
organizations statewide to participate in drafting new legislation.
build strong, broad-based support for its passage.

Most significant among those who respond are the Illinois State Bar

January 30, 1991 ISMS hosts the first meeting of the coalition

Association, Chicago Bar Association, Illinois Hospital Association
to review reasons the Partee legislation was defeated. Parti-

and the Catholic Conference of Illinois, an important participant in
cipants agree to examine the defeated bill closely and to

light of the Church's traditional support of "right-to-life" issues.
recommend modifications to improve both the law and its

chances of passage. They set their sights on introducing a new

bill during the 1991 spring legislative session.

February 22, 1991 *The members of the coalition reconvene. As a result of*

the broad-based review, almost every word of the original legislation is

revised, challenged or improved. ISMS takes the lead and incorporates

every comment into a composite document. When the coalition reviews the

Finally *a version emerges that satisfies all coalition*
new document, conflicting issues are resolved, language is crafted, and

members, and they commit themselves to the passage
another revised version of the bill emerges. It too must be reviewed and

of a health care surrogate law during the 1991 leg-
approved by each organization represented before it goes to the legislature.

islative session. Led by ISMS, the official coalition

includes the Illinois State Bar Association, Chicago

Bar Association, Illinois Hospital Association and the

Catholic Conference of Illinois.

DEBATE BEGINS

WITH A TWIST

Midway through the spring 1991 legislative session, two versions of the coalition's health care surrogate bill are introduced in the General Assembly, one in the Senate and one in the House of Representatives.

The way these two versions moved on their parallel tracks exemplifies how legislation progresses through the maze of committee debate, compromise and ultimate passage.

HOUSE BILL 2334

April 4, 1991. Representative John F. Dunn, Democrat from Decatur, introduces House Bill 2334, the Illinois State Bar Association's version of the coalition bill, in the Illinois House of Representatives.

SENATE BILL 1092

April 12, 1991. Senator John A. D'Arco Jr., Democrat from Chicago, introduces Senate Bill 1092, the Illinois State Medical Society's version of the coalition bill. The Senate bill differs in calling for immunity from civil liability for all participating parties, an aspect of the measure very important to ISMS members and their patients.

April 24, 1991. After hearings and extensive debate, the House version of the bill passes the Judiciary Committee 6 to 3.

May 10, 1991. After debate and amendment, the Senate version of the bill passes the Judiciary Committee 10 to 0.

May 23, 1991. With bipartisan support, House Bill 2334 passes the House of Representatives 61 to 42 with eight legislators abstaining. It must still win Senate approval in the identical form as in the House and be signed by the Governor before it becomes law.

May 23, 1991. Senate Bill 1092 passes 39 to 18. For this version to become law, it must also pass the House of Representatives in the identical form as in the Senate and then be signed by the Governor.

Faced with two separate health care surrogate bills, each having passed its respective house of origin in the General Assembly, ISMS and its coalition partners must decide which version to back. The highly emotional debate and the narrow margin of victory in the House of Representatives raise questions about the chances of getting the Senate's bill passed there. The coalition focuses its efforts on obtaining passage of the House bill in the Senate.

June 13, 1991

A version of the House bill, amended to include agreed-upon language for civil immunity, passes the Senate Judiciary Committee by a vote of 8 to 1.

June 25, 1991

The full Senate passes the amended version of the House bill by a vote of 33 to 23. But because it has been amended since passage by the House of Representatives, the bill must now return to the House, which must vote on whether or not it concurs with the Senate's changes.

June 28, 1991

Despite its earlier approval, the House of Representatives defeats the amended bill 56 to 52. The absence from the chamber floor of several supporters is seen as a contributing factor in the defeat. Although ISMS and the coalition are concerned by this setback, they believe they can still rally the required number of votes before the General Assembly adjourns.

June 30, 1991

As the coalition's window of opportunity grows smaller, a second motion to concur with the Senate's amended version of the bill is filed in the House. The coalition's hunch proves correct: The House votes 69 to 42 in favor of the which includes immunity for all participating parties. Its passage into law now depends on the Governor's signature.

The Public Debate Heats Up

July-September, 1991

With the imminent possibility of the health care surrogate bill passing into law, opponents begin to pressure Governor Edgar to veto the measure.

The opposition launches a massive grass roots letter-writing campaign to the Governor's office and calls for public support of their position with letters in community newspapers.

The coalition makes a reasoned response. Letters to editors and guest editorials in newspapers statewide help corner wide-spread support from the public and the press.

"A merciful law to care for the dying"

The bill is sensible, merciful and sensitive to the raw emotions that surround dying. It is also necessary, in a time when medical technology can prolong the dying process long after it is impossible to restore meaningful life. The governor should not hesitate to sign it.

Chicago Tribune Editorial
Sunday, September 15, 1991

"Hard Challenges"

Sensitive decisions, such as these, do not belong in the courts; they belong in the hands and hearts of the surrogate decision-maker...

Chicago Sun-Times
Coalition Letter to the Editor
Monday, August 26, 1991

"Governor urged to sign surrogate measure"

It (House Bill 2334) allows each of us to bequeath to our families a most precious legacy — dignity in the last days and hours of our life, and peace of mind in the years that follow for those we leave behind.


George T. Wilkins Jr., M.D.
Guest editorial
Journal-Register,
Springfield, IL
September 22, 1991

**"This is not
a pro-life issue.
It is a right
to die with dignity
in peace."**

Rep. Larry Wennlund
Republican, New Lenox

Death with dignity
and an individual's right
to self-determination
emerge as the
most convincing public
arguments for the
bill's passage.

As the debate continues,
it centers on the
issue of withdrawing nutrition
and hydration. Opponents argue that
withholding food and water equates with
murder. Proponents cite the
clinical view that artificial hydration and
nutrition are medical procedures,
which may be ethically discontinued
in the case of a patient with a
terminal condition.



September 26

1991

*Governor Jim Edgar
signs House Bill 2334 into law.
It takes effect immediately.*

THE PUBLIC AND THE PROFESSION REACT

Within days of Governor Edgar's signing the act into law, a number of families, acting strictly within the law, exercise their new right to make a difficult, yet compassionate decision regarding "end-of-life" medical treatment for a loved one.

Because Illinois is one of the first states to pass such legislation, the law gains national attention and praise from physicians, lawmakers, medical ethicists and public figures across the country.

Ironically, health care surrogate legislation would not be needed if everyone took advantage of the opportunities to execute advance directives—a living will or a durable power of attorney for health care—expressly stating their personal wishes about life-sustaining treatment.

ISMS has begun a highly lauded effort to help educate the general public about these opportunities. In 1991 the Society published a patient-oriented brochure that explains, in clear and easy-to-read language, advance directives alternatives and how to execute them. The brochures are offered free of charge to ISMS members and to the public upon request. Numerous mentions in the media have resulted in requests for more than 300,000 copies, and the brochure is now in its second printing.

In 1992, ISMS will publish an informational kit to help physicians understand and talk to patients about Illinois and Federal laws concerning advance directives.

*"This legislation represents a
cautious, compassionate and rational approach
to one of the most agonizing decisions that people in our state
may be called upon to make."*

Governor Jim Edgar



EFFECTIVE ADVOCACY

The Health Care Surrogate Act undoubtedly ranks as the single most significant piece of health care legislation passed in Illinois during 1991. It represents a major victory for ISMS and the other coalition members. It gives physicians and health care institutions ethical and compassionate alternatives in caring for the dying. Most important, it eases the emotional and financial burden many patients and their families face in making the most critical of all health care treatment decisions.

Significant as it is, the Health Care Surrogate Act, viewed in the context of the total ISMS effort, stands out as only one among hundreds of legislative health care issues we faced in the past year. In fact, ISMS tracked more than 800 separate bills during the 1991 session — some we supported, some we opposed.

A FULL-TIME EFFORT

To ensure that we invested our time, resources and legislative muscle most effectively, ISMS honed that long list of bills to about 225 with primary importance to the practice of medicine in our state. To do this job well requires hard work, non-stop communication and a constant self-assessment of our performance.

Much of the time we succeeded. Sometimes, we had to resolve conflicting points of view through acceptable compromise. On rare occasions, simply moderating legislation that we strongly opposed required our most concentrated effort. At all times, however, we kept our sights set on assuring the best possible health care for the greatest number of people.

**TANNING PARLOR
REGULATION**

The ISMS House of Delegates voted in 1990 to propose legislation that would protect the public — especially young people — from the dangerous effects of exposure to ultraviolet radiation in commercial tanning parlors. Two pressing needs prompted this action: 1) the importance of education about the harm such exposure can cause, and 2) the desire to reduce the incidence of an easily preventable form of cancer.

The Tanning Facility Permit Act, passed in 1991, requires that tanning parlors post warning signs about the potential effects of radiation and its relationship to skin cancer; requires inspections; establishes requirements for cleanliness; and sets standards for equipment. While the law's effectiveness will be seen over time, ISMS' dedication to prevention is immediately apparent.

**LEAD
POISONING**

Although the Illinois General Assembly had previously passed the Lead Poisoning Prevention Act to address health concerns over inappropriate exposure to lead, the Society felt that the standards for the testing — especially of children — should reflect accepted medical standards. The legislature amended the legislation so that children between the ages of six months and six years are properly tested. It also guaranteed that more children will be tested by mandating day-care centers to require screening for each child enrolled. These amendments improve the likelihood that those children who are most vulnerable will be identified and treated.

**USE OF
DEFIBRILLATORS
BY EMS
PERSONNEL**

Deeply concerned that the lives of many heart attack victims could be saved with earlier intervention, the ISMS House of Delegates voted in April 1991 to propose legislation to directly address this concern. ISMS supported passage of an amendment to the Emergency Medical Services Systems Act that allows properly trained emergency medical services personnel to use an automatic defibrillator without direct physician supervision. This support provides another excellent example of the prime motivator in ISMS' legislative program — the welfare of the patient, first and foremost.

**PREJUDGMENT
INTEREST**

In April 1991, House Speaker Mike Madigan, a Democrat from Chicago, introduced a bill that would increase the size of malpractice payouts and could increase the frequency of suits. Supported by the plaintiff's bar, House Bill 1385 provided that nine percent interest be assessed against any settlement and that the interest be figured from the date a lawsuit was filed. Considering that malpractice litigation takes years to resolve, the negative effects on the judicial process and the financial impact were obviously enormous.

ISMS adamantly expressed its strong opposition to any such proposal. Thanks to a legislature that was already sensitized to tort reform, the bill failed to move this session.

**ENSURING QUALITY
MEDICAL CARE**

Those who receive health care in Illinois have the right to know that their health care providers are qualified. ISMS works in the legislature to ensure that licensure for health care providers is appropriate for their training. ISMS supported 1991 amendments to the Medical Practice Act that protect the public from unqualified, unlicensed practitioners. In one instance, Rep. Bill Edley, Democrat from Macomb, and eight other legislators proposed granting conditional medical licensure to individuals who did not meet all the requirements of the Medical Practice Act, but who promised to do so within two years and who also promised to practice in an underserved area. The bill may have been a well-intentioned effort to address access in rural Illinois, but ISMS objected on the grounds that some patients might be treated by unqualified individuals. Lawmakers agreed and defeated the proposal.

**PHYSICIAN
ORDERS LIMITING
RESUSCITATION**

Physicians have for many years appropriately issued DNR (do not resuscitate) orders for certain patients in long-term care and other outpatient settings, as well as in acute care facilities. Problems arise, however, when ancillary care-givers in such settings are unaware of and fail to follow these orders. These failures not only contradict established medical procedures and expert judgment, they also can prolong the suffering of patients and their families.

ISMS successfully supported legislation to disseminate information to nursing homes and state agencies on rules and policies relating to DNR orders.

LICENSE RENEWAL EXTENSION

In June, ISMS raised concerns about possible problems in malpractice coverage for physicians whose medical license had lapsed. (ISMIE cannot issue a malpractice policy without a valid license.) The Society supported amendments to the Medical Practice Act that make it easier for physicians to renew a lapsed license, now allowing 90 days after the date of expiration to file a renewal application. Although these physicians must pay an additional fee for the privilege, the renewed license will be retroactively effective to the expiration date of the old one. This measure protects a physician who may have not been able to renew or otherwise inadvertently allowed the old license to expire.

AIDS NOTIFICATION

When an Illinois dentist died of AIDS in autumn of 1990, community concern over transmission of the disease to patients by health care workers became an immediate and emotionally charged issue statewide. Proposals ranged from mandatory testing of health care workers to measures requiring HIV-infected physicians and other health care workers who perform invasive procedures to tell their patients who might be at risk. The law ultimately passed contained two requirements: notification of physicians regarding AIDS-infected patients and notification of at-risk patients about AIDS-infected physicians, both in a fair and confidential fashion. The story behind the story bears retelling.

As public debate about the issue gained momentum, legislators felt intense pressure to take action. While ISMS would have preferred a more deliberate and measured response, it also recognized the inevitability of the General Assembly enacting some form of mandatory notification for at-risk patients and health care workers. After one such measure first passed, then failed in the House, negotiators behind the scenes began to hammer out a compromise acceptable to all parties.

One proposal that jeopardized the confidentiality of medical records was soundly defeated under the leadership of ISMS, and with strong support from the state dental and nursing associations. An earlier Senate version of the bill became the compromise measure.

Governor Edgar appointed a Task Force, including ISMS members, to help write fair regulations to implement the law. The law's effect on health care, both clinically and financially, remains to be measured. It does, however, contain two provisions of great significance to the health care community: 1) it provides that the Illinois Department of Public Health notify physicians if any of their patients become known to be infected with AIDS, and 2) it protects the time-honored confidentiality between physicians and their patients.

There is no known instance where a physician has transmitted HIV to a patient.

"I WILL FIGHT,

WHENEVER I MUST,

AS LONG AS I MUST."

Charles de Gaulle

A Presence in Washington

*"Don't move without us.
The physicians of Illinois want
to be part of the debate."*

Robert M. Reardon, M.D.
Member of the
first "Washington presence"
delegation

In October 1991, ISMS launched a high-visibility effort to provide information and serve as a resource to federal policy-makers on health care issues. • Now, more than ever, the

actions of Congress directly affect the practice of medicine in Illinois. So great is the impact that the Society has decided to send its key leaders on regular missions to meet and talk with

federal policymakers about strategic health care issues. • Since health care reform has emerged as one of the most debated issues in the 1992 elections, this decision could not have been

more timely. In its first Washington visit, the ISMS delegation completed an intense two-day agenda that featured meetings with powerful members of Congress and White House policy-

makers. • Three vital issues provided the forum for the talks: mandatory AIDS testing for health care workers, RBRVS Medicare payment reform and the full spectrum of health care system restructuring. • Government officials welcomed the delegation and responded immediately with requests for information and views on

cost containment, the prevention of life-style related illness and ways to evaluate the government's health care benefits programs. • The "Washington presence" holds great promise for the future. It gives ISMS a voice in national issues such as federal tort reform, practice parameters, Medicare and Medicaid, tax

reform, rural health and ERISA. It also positions ISMS as a physician advocate and resource if the debate over national health insurance reaches the floor of Congress. ISMS will be there to augment the American Medical Association's efforts representing the best interest of Illinois physicians and patients.

Political Dynamics Demand

Dynamic Legislative Programs

*"The law must
be stable, but it must
not stand still."*

Roscoe Pound

The law does not stand still and neither does the ISMS legislative program.

Instead of providing a breather, the end of one legislative session represents only a benchmark in the Society's efforts to bring balance to the laws and public policies that affect the health of the people and the practice of medicine in Illinois.

The range of issues already on ISMS' "primary list" and those that will be there soon seems greater than ever. They include such perennials as access to quality health care services, mandatory assignment, a cap on non-economic awards and the scope of allied practice. Perhaps most significant today are the wide-ranging proposals to reform health care.

ISMS' position on public policy issues will remain consistent with its purpose and mission. Nonetheless, each issue will demand its full measure of serious attention and a continuous reassessment of what will bring the greatest benefits to patients and the health care delivery system.

As each new issue comes front and center, ISMS will analyze it in depth to build the foundation so vital to successful public policy strategies. It will look no doubt to its efforts to pass the Health Care Surrogate Act in 1991: building a strong coalition among diverse interests and leading them in a successful concerted effort. It will train and motivate more members to serve as public spokespersons for medicine's positions. And, it will continue to develop its legislative infrastructure to manage upcoming issues even more effectively.

Most important, ISMS will look to the physicians who serve on its volunteer councils and committees for their insight into the issues and their guidance on policy positions and strategies. ISMS cannot succeed alone. But it can and will take the leadership role and serve as the fulcrum for bringing balance to health care legislation, now and into the future.

Political Action

Individual members of ISMS have always made important contributions — personal and financial — to the process of electing state and national leaders. During the last Illinois gubernatorial elections, the efforts of individual physicians helped assure the election of Republican Governor Jim Edgar.

The 1992 national and state elections will offer a challenge of great significance, as these elections will be held in new districts. Once the elections are over, many incumbents will be gone and new legislators will need to be educated and persuaded.

Beyond 1992

ISMS will work for a greater level of physician and auxiliary participation in advocating for and against legislation in the coming decade. While ISMS is proud of its ongoing legislative efforts, its greatest successes will come from active and informed contact between legislators and constituent physicians.

The ISMS political action committee, IMPAC, has been actively preparing for the challenge. By providing financial support for candidates' campaigns through IMPAC, physicians can assure a high level of public information and debate on issues and proposals that will affect us all.

To encourage individual physicians to add their voices to the debate, ISMS provides information on campaign issues and candidates through its member and public communications publication, *Illinois Medicine*.

"Politics has got so expensive that it takes lots of money to even get beat with."

Will Rogers

OFFICERS AND TRUSTEES

Illinois State Medical Society
George T. Wilkins Jr., M.D.
Chairman of the Board

Alexander R. Lerner
Executive Vice President

Officers

Robert M. Reardon, M.D.
President

Arvind K. Goyal, M.D.
President-Elect

Arthur R. Traugott, M.D.
1st Vice President

Hugo R. Velarde, M.D.
2nd Vice President

Alfred J. Clementi, M.D.
Secretary-Treasurer

House of Delegates

Raymond E. Hoffmann, M.D.
Speaker

Ulrich F. Danckers, M.D.
Vice-Speaker

Trustees

1st District: 1993
David B. Littman, M.D.

2nd District: 1992
Edward J. Fesco, M.D.

3rd District: 1993
H. Constance Bonbrest, M.D.

3rd District: 1994
Joan E. Cummings, M.D.

3rd District: 1992
Jere E. Freidheim, M.D.

3rd District: 1994
Harold L. Jensen, M.D.

3rd District: 1994
Adriano S. Olivar, M.D.

3rd District: 1992
Biswamay Ray, M.D.

3rd District: 1993
Alan M. Roman, M.D.

3rd District: 1992
John F. Schneider, M.D.

3rd District: 1993
M. LeRoy Sprang, M.D.

3rd District: 1993
Robert M. Vanecko, M.D.

4th District: 1994
Richard P. Snodgrass, M.D.

5th District: 1992
Jane L. Jackman, M.D.

6th District: 1993
George T. Wilkins Jr., M.D.

7th District: 1994
Alfred J. Kiessel, M.D.

8th District: 1992
Eugene P. Johnson, M.D.

9th District: 1993
Phillip D. Boren, M.D.

10th District: 1993
Ronald G. Welch, M.D.

11th District: 1992
Raymond A. Dieter Jr., M.D.

12th District: 1992
William E. Kobler, M.D.

Trustee-At-Large: 1992
James H. Andersen, M.D.

*AMA Delegation Chairman,
Ex Officio*
Alfred J. Clementi, M.D.

*ISMIE Board of Governors,
Chairman, Ex Officio*
Harold L. Jensen, M.D.

*ISMIS Board of Directors,
Chairman, Ex Officio*
Phillip D. Boren, M.D.

COUNCIL AND COMMITTEE MEMBERS

Daniel M. Adair, M.D.
James P. Ahlstrom Jr., M.D.

Mohan C. Airan, M.D.
Syed I. Ali, M.D.

Pramod K. Anand, M.D.
Jay R. Anders, M.D.

Daniel H. Angres, M.D.
John M. Arnold, M.D.

Fern E. Asma, M.D.
Andrew M. Basile, D.O.

Michael E. Beatty, M.D.
Bruce C. Becker, M.D.

Nicholas C. Bellios, M.D.
Randall T. Bellows, M.D.

Maruti S. Bhorade, M.D.
Virendra S. Bisla, M.D.

Albino T. Bismonte, M.D.
Marshall L. Blankenship, M.D.

Richard H. Blankshain, M.D.
George C. Bonertz, M.D.

Dean R. Bordeaux, M.D.
Lorris M. Bowers, M.D.

Norman R. Brill, M.D.
Dennis M. Brown, M.D.

Stanley M. Bugaieski, M.D.
Clair M. Callan, M.D.

Rafael Z. Campanini, M.D.
Donald E. Casey Jr., M.D.

Richard T. Coppoletti, M.D.
Vincent A. Costanzo Jr., M.D.

Patrick C. Cunningham, M.D.
Luis D'Avis, M.D.

Jos L. Daddino, M.D.
Amin N. Daghestani, M.D.

Ronald H. Deering, M.D.
Phillip H. Dennis, M.D.

John G. Dietrich, M.D.
Morton J. Doblin, M.D.

Richard H. Dominguez, M.D.
William Dougherty, M.D.

Richard E. Dukes, M.D.
David B. Dunn, M.D.

James L. Early, M.D.
Robert E. Einhorn, M.D.

Susan P. Emmerson, M.D.
George S. Farah, M.D.

Edward G. Ference, M.D.

Raymond F. Hillson, M.D.
William J. Holt, M.D.

Lawrence P. Jennings, M.D.
Jeffrey T. Johnson, D.O.

M. Anita Johnson, M.D.
Ronald L. Johnson, M.D.

Larry R. Jones, M.D.
Virgilio I. Jonson, M.D.

John V. Jurica, M.D.
Theodore M. Kanellakes, M.D.

Robert J. Kapicka, M.D.
Stephen R. Kappel, M.D.

Fred V. Kemp, M.D.
Tim C. Kisabeth, M.D.

Debra L. Klamen, M.D.
Avram R. Kraft, M.D.

Thomas J. Krizek, M.D.
John R. Krueger, M.D.

Vasanth Kumaraiiah, M.D.
John J. La Puma, M.D.

George L. Lagorio, M.D.
Ronnie W. Lee, M.D.

Jan E. Leestma, M.D.
James C. Leonard, M.D.

Armand Littman, M.D.
Philip A. Lobo, M.D.

Pedro J. Lopez, M.D.
Earl L. Loschen, M.D.

John R. Lumpkin, M.D.
William J. Marshall, M.D.

John W. Mason, M.D.
James L. Mc Gee, M.D.

Ronald K. Mc Gregor, M.D.
Diane A. Megahy, M.D.

Silvana Menendez, M.D.
Patricia A. Merwick, M.D.

Morgan M. Meyer, M.D.
Mark A. Miller, M.D.

George T. Mitchell, M.D.
Don E. Morehead, M.D.

Stuart A. Morgenstein, D.O.
Richard H. Moy, M.D.

Randall L. Mullin, M.D.
Michael G. Murphy, M.D.

Charles A. Neumann, D.O.
Howard B. Noble, M.D.

Sandra J. Olson, M.D.
Donald H. Pearson, M.D.

Paul E. Pedersen, M.D.
Aldo F. Pedroso, M.D.

Joseph B. Perez, M.D.
Russell M. Petrak, M.D.

Donald F. Pochyly, M.D.
Ronald F. Pokornowski, M.D.

Pedro A. Poma, M.D.
Jeremias N. Pruc, M.D.

Joseph M. Purpura, M.D.

Richard A. Quinones, M.D.
Pervez Rasul, M.D.

Albert W. Ray Jr., M.D.
Richard J. Ready, M.D.

Eduardo A. Ricaurte, M.D.
Stephen P. Rittmann, M.D.

Edward P. Rose, M.D.
Jeffrey D. Roth, M.D.

Stanley G. Rousonelos, M.D.
Nunilo Rubio, M.D.

Ronald L. Ruecker, M.D.
P. S. Sarma, M.D.

Richard J. Sassetti, M.D.
Norman J. Scheibling, M.D.

Richard A. Schmidt, M.D.
James J. Schulte, M.D.

Karen L. Scott, M.D.
James E. Segrist, M.D.

Stephen H. Sheldon, D.O.
Richard Sherman, M.D.

Mark A. Shima, M.D.
Michael R. Silver, M.D.

Gerald E. Silverstein, M.D.
Herbert Sohn, M.D.

Peter J. Soto, M.D.
Alex J. Spadoni, M.D.

Warren H. Staley, M.D.
Dennis J. Stanczyk, M.D.

Patrick R. Staunton, M.D.
Patrick W. Stodola, M.D.

Gerald D. Suchomski, M.D.
John M. Sultan, M.D.

Elliot J. Sussman, M.D.
Dale F. Syfert, M.D.

Paul S. Szewczyk, M.D.
Lizbeth L. Taylor, M.D.

Lloyd E. Thompson, M.D.
Patti Tighe, M.D.

John E. Tillis, M.D.
Glen E. Tomlinson, M.D.

Thomas T. Tourlentes, M.D.
William G. Troyer, M.D.

James A. Turner, D.O.
E. J. Van Cura, M.D.

Jesus G. Vega, M.D.
Michael I. Vender, M.D.

Edward S. Warren, M.D.
Jay S. Weller, M.D.

Robert B. Wellman, M.D.
Frederick Z. White, M.D.

John A. Wiley, M.D.
Edward F. Wilt Jr., M.D.

Edward A. Wojcik, M.D.
Preston M. Wolin, M.D.

Edward A. Wolpert, M.D.
James D. Wright, M.D.

John C. Wuellner, M.D.

"THE FINAL
TEST OF A LEADER
IS THAT HE LEAVES
BEHIND HIM IN
OTHER MEN
THE CONVICTION AND
THE WILL
TO CARRY ON."

Walter Lippmann

Jerome J. Frankel, M.D.
Earl E. Fredrick Jr., M.D.
David C. Garretson, D.O.
Richard A. Geline, M.D.
William T. Gogan, M.D.
Seymour R. Goldberg, M.D.
Laurence J. Gott, M.D.
Roger Hand, M.D.
Delbert L. Harris, M.D.
Henri S. Havdala, M.D.
William F. Hays, M.D.
John A. Hefferon, M.D.
Henrietta Herbolzheimer, M.D.



THE
PEOPLE'S GOOD IS THE
HIGHEST LAW.

Cicero



Illinois State Medical Society
Twenty North Michigan Avenue
Suite Seven Hundred
Chicago, Illinois 60602
312/782-1654